

10/31/23, 12:13 PM

Division of Corporations

L23000497054

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000378565 3)))



H230003785653ABCE

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

2023 NOV -2 AM 11:14
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@GFSTAXACCT.COM

**FLORIDA LIMITED LIABILITY CO.
M3 USA SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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November 1, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO, LLC

SUBJECT: M3 USA SERVICES LLC
REF: W23000149066

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tekayla T Matthews
Regulatory Specialist II
New Filings SectionFAX Aud. #: H23000378565
Letter Number: 723A00025362

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MS USA SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following.

GILVAM F DOS SANTOS
Name of Person

GFS TAX & ACCOUNTING SERVICES
Firm/Company

11764 W. SAMPLE RD STE 102
Address

CORAL SPRINGS FL 33065
City/State and Zip Code

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

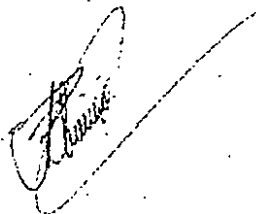
GILVAM F DOS SANTOS 954 9573244
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M3 USA SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065**Mailing Address:**11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GFS TAX & ACCOUNTING SERVICES

Name

11764 W SAMPLE RD STE 102Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS FL 33065

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**Name and Address:**

"AMBR" = Authorized Member

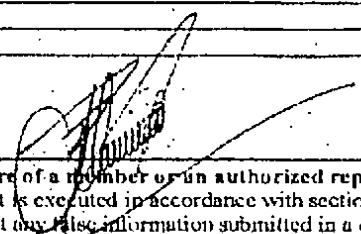
"MGR" = Manager

AMBRSERGIO AUGUSTO PORTO RIBEIRO
11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065AMBRAILA DE CASSIA SANTOS OLIVEIRA
11764 W SAMPLE RD STE 102
CORAL SPRINGS FL 33065

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.REAL ESTATE INVESTMENTS**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.SERGIO AUGUSTO PORTO RIBEIRO_____
Typed or printed name of signer**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)