rida Department of State

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : I20200000160 Phone : (772)460-1000 Fax Number : (772)777-3071

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

mail	Address:	

FLORIDA LIMITED LIABILITY CO.

Certificate of Status	0
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FELICITY4LIFE, LLC

TJH			<u> </u>	2023	
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SUBJECT	٠,	-		-	· .			
3020201	·	Na	me of Lim	ited Liabili	ly Company			
The enclos	ed Articles of	Organization an	d fee(s) are	submitted	for filing.			
Please retu	m ali correspo	ondence concerni	ng this ma	tter to the f	following:			
			c	laudio Tol	edo Ribeiro			
				Name of	Person			
			ד	TAXPEOP	LE, LLC			
	-			Firm/Co	mpany	<u></u>		
			:	2855 SW B	Brighton St			
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For further i		ncerning this ma			•	•		
	Claudio Tole	do Ribeiro	at (7	72)	460.1000			
	Name of	Person	A	rea Code	Daytime Telephone	Number		
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Enclosed is	s a check for t	he following amo	Sunt:					* T - 202.28
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

New Filing Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

FELICITY4LIFE, 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:

Mailing Address:

136 SE SELVA CT PORT ST LUCIE, FL 34983 136 SE SELVA CT PORT ST LUCIE, FL 34983

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

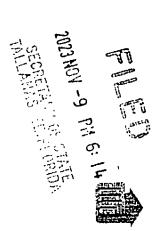
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

	TAXPEOPUE, LLO	<u>-</u>
	Name	
2	855 SW Brighton S	<u>t</u>
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Port St Lucie	FL	34953
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..





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

<u>Title:</u>
"AMBR" = Authorized Member

Name and Address:

"MGR" = Manager

AMBR	First Name: FELICIDADE
	Last Name: MAGALHAES
	Address: 136 SE SELVA CT
	City/State/Zip: PORT ST LUCIE, FL 34983
AMBR	First Name: SONIA
	Last Name: MAGALHAES PANGAIO
	Address: 136 SE SELVA CT
	City/State/Zip: FORT ST LUCIE, FL 34983