11/20/23, 11:26 AM

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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.

Email Address:_	Emai	1 /	/qq	re	ŝ	\$:	
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FLORIDA LIMITED LIABILITY CO. S & GOMES CLEANING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Section
	Division of Corporations

S & GOMES CLEANING SERVICES, LLC	
SUBJECT:	
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:	
Claudio Toledo Ribeiro	
Name of Person	
TAXPEOPLE, DLC	
Firm/Company	
2855 SW Brighton St	
Address	
Port St Lucie, FL 34953	
City/State and Zip Code	
info@taxpeoplefl.com	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	9 53 20

Claudio Toledo Ribeiro at (772) 460.1000

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □\$130.00 Filing Fee &

Certificate of Starus

□ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□\$160.00 Filing Fee Certificate of Status & Certified Copy

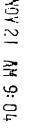
(additional copy is enclosed)

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

Αl	R٦	ΓI	Ç	LĘ	1 -	Na	me:

The name of the Limited Liability Company is:

S & GOMES CLEANING 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:

Mailing Address:

1693 SW UMBRIA ST PORT ST LUCIE, FL 34953

1693 SW UMBRIA ST PORT ST LUCIE, FL 34953

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:

Name
2855 SW Brighton St

Florida street address (P.O. Box NOT acceptable)

 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)



· (((H23000400097 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	First Name: SIRLANDIA Last Name: DOS SANTOS GOMES Address: 1693 SW UMBRIA ST City/State/Zip: PORT ST LUCIE, FL 34953
Use attachment if necessary)	
V: Effective date, if other than the d	ate of filing:
filing.) e date inserted in this block does not ent's effective date on the Departme	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da t meet the applicable statutory filing requirements, this date will not be nt of State's records.
filling.)	t meet the applicable statutors filled applicable and its description of 90 da
filing.) e date inserted in this block does not ent's effective date on the Departme VI: Other provisions, ifany.	t meet the applicable statutors filled applicable and its description of 90 da
filing.) e date inserted in this block does not ent's effective date on the Departme VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a r This document is exect I am aware that any fall	t meet the applicable statutors filled applicable and its description of 90 da
filing.) e date inserted in this block does not ent's effective date on the Departme VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a r This document is exect I am aware that any fall	member or an authorized representative of a member. nuted in accordance with section 605.0203 (1) (b), Florida Statutes. Is information submitted in a document to the Department of Statutes.

