

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone : (305)358-1310

Fax Number : (305)503-6701

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

Email Address: arod0723@gmail.com

FLORIDA LIMITED LIABILITY CO. HARMONY FAMILY AMERICA LLC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 FEB -9 PM 3:01

FILED

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T.J.H

2/12/24

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

HARMONY FAMILY AMERICA LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.")*

ARTICLE II

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

Principal Office Address

**7131 Grand National Drive – Suite 103
Orlando, FL 32819**

Mailing Address

**7131 Grand National Drive – Suite 103
Orlando, FL 32819**

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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:

ECCO PLANET USA, LLC

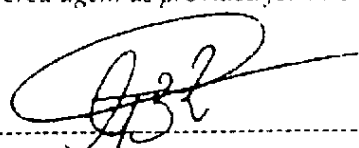
Name

7131 GRAN NATIONAL DR SUITE 103
Florida Street address (P.O. Box NOT acceptable)

ORLANDO, FL 32819
FL City, State, and 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.

X



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

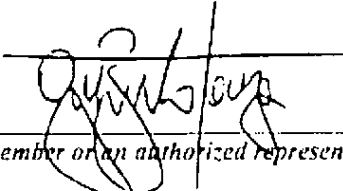
	Title	
GEORGES BENTO DE SOUZA 7131 Grand National Drive – Suite 103 Orlando, FL 32819	AMBR	48%
CLARISSE WILHELMS DE SOUZA 7131 Grand National Drive – Suite 103 Orlando, FL 32819	AMBR	48%
MATHEUS WILHELMS DE SOUZA 7131 Grand National Drive – Suite 103 Orlando, FL 32819	MGR	1%
BRUNA WILHELMS DE SOUZA 7131 Grand National Drive – Suite 103 Orlando, FL 32819	MGR	1%

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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)*

FEBRUARY 7TH, 2024**REQUIRED: SIGNATURE**

X 

Signature of a member or an authorized representative of a member.

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation
under the penalties of perjury that the facts stated herein are true.*

GEORGES BENTO DE SOUZA*Typed or printed name of signer***ARTICLE VI**

*The Florida Limited Liability Company will engage in any activity or business permitted
under the laws of the State of Florida and the United States of America.*

The main objective of the company is:

HOLDING

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