

L 24000109417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

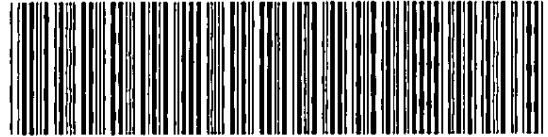
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

T MATTHEWS

MAR - 7 2024

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: INVEST TROOP 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:

Name of Person
SPANNER CONSULTING LLC
Firm/Company
1076 W SAMPLE ROAD
Address
POMPANO BEACH, FL - 33064
City/State and Zip Code
FLORIDA@FSPANNER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA 754 4576647
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVEST TROOP 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:

5540 NW 61ST ST APT 424
COCONUT CREEK, FL. 33073

Mailing Address:

5540 NW 61ST ST APT 424
COCONUT CREEK, FL. 33073

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:

SPANNER CONSULTING LLC

Name

1076 W SAMPLE

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

Pompano Beach

FLORIDA

FLORIDA

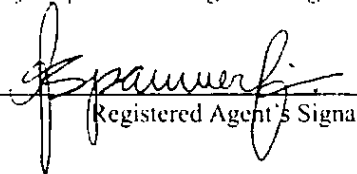
33064

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)

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

MGR

EPR GENERAL SERVICES INC
475 SE 8TH APT 221
DEERFIELD BEACH, FL - 33441

MGR

DMCL SERVICES LLC
2649 NE 12 AVE
POMPAÑO BEACH, FL - 33064

MGR

JFR GENERAL SERVICES INC
4651 NW 6TH AVE
DEERFIELD BEACH, FL - 33064

MGR

BEST WOODWORK INC
6800 NW 39 AVE LOT 437
COCONUT CREEK, FL - 33073

(Use attachment if necessary)

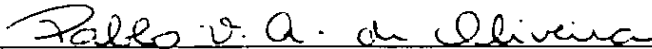
ARTICLE V: Effective date, if other than the date of filing: 02/07/2024. (OPTIONAL)

(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.

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.

PABLO VILLACE ALVES DE OLIVEIRA

Typed or printed name of signee

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)

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

MGR

RG COMPOUND AND DRYWALL SERVICES LLC
5570 NW 61ST ST APT 912
COCONUT CREEK, FL - 33073

MGR

GPL PERFORMANCE SERVICES LLC
5630 NW 61ST ST APT 1318
COCONUT CREEK, FL - 33073

MGR

FDA GENERAL SERVICES CORP
22976 SEASPRAY PL
BOCA RATON, FL - 33428

MGR

WMP CARPENTRY PRO SERVICES LLC
5530 NW 61ST ST #309
COCONUT CREEK, FL 33073

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/07/2024 (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.

REQUIRED SIGNATURE:

Pablo V. A. de Oliveira

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.

PABLO VILLACE ALVES DE OLIVEIRA

Typed or printed name of signer

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

MGR

LEAL CHAVES SERVICES LLC

5570 NW 61ST ST APT 912

COCONUT CREEK, FL - 33073

MGR

ALERC SERVICES LLC

4384 NW 9TH AVE APT 18-2B

DEERFIELD BEACH, FL - 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/07/2024. (OPTIONAL)

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Pablo V. A. de Oliveira

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PABLO VILLACE ALVES DE OLIVEIRA

Typed or printed name of signee

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)