

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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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:

FLORIDA LIMITED LIABILITY CO. LIVING FIRE, LLC

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

3/21/50 3

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO;	New Filing Section Division of Corporations				
	LIVING FIRE, LLC	· 기			
SUBJ					
	Name of Limited Liability Company				
The en	closed 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, LLC	4			
	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)				
For furth	er information concerning this matter, please call:				
	Claudio Toledo Ribeiro at (772) 460.1000				
	Name of Person Area Code Daytime Telephone Number				
Enclose	d is a check for the following amount:				
	.00 Filing Fee Status Status Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) S160.00 Filing Fee Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303				



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LIVING FIRE, LLC
/Must contain	the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

Principal Office Address:

Mailing Address:

93 DUNE LAKES CIR APT 107 SANTA ROSA BEACH, FL 32459

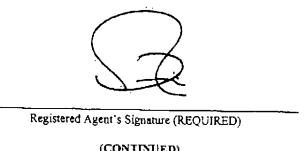
93 DUNE LAKES CIR APT 107 SANTA ROSA BEACH, FL 32459

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:

	TAXPEOPLE, LL	C
	Name	
	855 SW Brighton S	5t
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Port St Lucie	<u>FL</u>	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 603, F.S..



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