

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page on a separate sheet. Type the identification number (shown below) on the top and bottom of all pages of the document.

((H240001642513)))



H240001642513ABCZ

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: _____

RECEIVED
2024 MAY -6 PM 3:16
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.
HOPE USA GENERAL SERVICES, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 MAY -6 PM 4:38

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000164251 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **HOPE USA GENERAL SERVICES, 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:

Claudio Toledo Ribeiro

Name of Person

TAXPEOPLE, LLC

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 further information concerning this matter, please call:

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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 MAY -6 PM 4:38



(((H24000164251 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOPE USA GENERAL 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:

351 CLEMENTINE RD
FORT PIERCE, FL 34981

Mailing Address:

351 CLEMENTINE RD
FORT PIERCE, FL 34981

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, LLC

Name

2855 SW Brighton St

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

Port St Lucie

FL

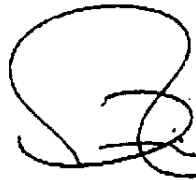
34953

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)



(((H24000164251 3)))

ARTICLE IV

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR	First Name: EMERSON Last Name: MARTINS LISBOA Address: 351 CLEMENTINE RD City/State/Zip: FORT PIERCE, FL 34981
AMBR	First Name: ELISANGELA Last Name: DIAS DE AMORIM LISBOA Address: 351 CLEMENTINE RD City/State/Zip: FORT PIERCE, FL 34981

(Use attachment if necessary)

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.)

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.

Claudio Toledo Ribeiro

Typed or printed name of signee

