

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L24000213588**

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

(((H24000172005 3)))



H240001720053ABCV

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 : I2020000160

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.  
GR QUALITY CLEANING SERVICES, LLC**

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

RECEIVED  
2024 MAY 13 PM 1:23  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2024 MAY 13 PM 5:04

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000172005 3)))

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **GR QUALITY CLEANING 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)

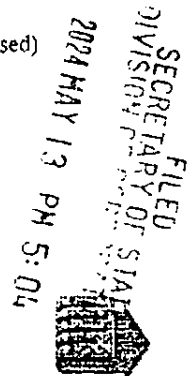
☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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



(((H24000172005 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**GR QUALITY 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:

307 COLLINGS ST SE  
PALM BAY, FL 32909

Mailing Address:

307 COLLINGS ST SE  
PALM BAY, FL 32909

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)

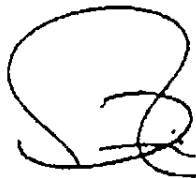
Port St Lucie FL 34953

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)



(((H24000172005 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: ROSIANE Last Name: GONCALVES SANTOS Address: 307 COLLINGS ST SE City/State/Zip: PALM BAY, FL 32909
------	---

(Use attachment if necessary)

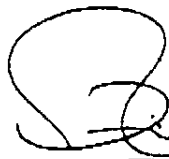
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 §817.155, F.S.

**Claudio Toledo Ribeiro**

\_\_\_\_\_  
Typed or printed name of signer

