

L24000246163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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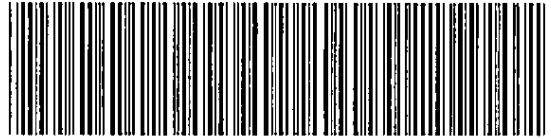
(Business Entity Name)

(Document Number)

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 06/04/2024

NAME: ANDRADE & GARDINI HOME LLC

TYPE OF FILING: ARTICLES

COST: 130.00


RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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A large, stylized handwritten signature in black ink, starting with a large loop on the left and ending with a horizontal stroke on the right.

COVER LETTER

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

SUBJECT: Andrade & Gardini Home 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:

Gabriel Santos Cordeiro de Andrade
Name of Person

Andrade & Gardini Home LLC
Firm/Company

610 Sycamore Street, Ste 315
Address

Celebration, Florida 34747
City/State and Zip Code

gsca30@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Santos Cordeiro de Andrade 407 487-8282
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

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 TALLAHASSEE
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrade & Gardini Home 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:

610 Sycamore Street, Ste 315
Celebration, FL 34747

Mailing Address:

610 Sycamore Street, Ste 315
Celebration, FL 34747

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:

Drielen Ferreira

Name

221 Celebration Blvd

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

Celebration Florida 34747

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

AuthenticSign

Drielen Ferreira

06/03/24

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

Gabriel Santos Cordeiro de Andrade
900, Estácio de Sá, Belo Horizonte, Minas Gerais
30441042, Brasil

MGR

Guilherme Almeida Gardini
386, Bartira Mourão, Belo Horizonte
Minas Gerais 30492025, Brasil

MGR

Bernardo Almeida Gardini
207, Joaquim Linhares, Belo Horizonte
Minas Gerais 30310400, Brasil

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/04/2024 (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

Gabriel Santos Cordeiro de Andrade

06/04/24

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.

Gabriel Santos Cordeiro de Andrade

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)

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CLERK OF THE COURT
STATE OF FLORIDA