

U24000278985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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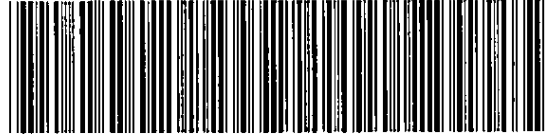
(Business Entity Name)

(Document Number)

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**DATE: 6/20/24**

**NAME: TMASTER HOME LLC**

**TYPE OF FILING: ARTICLES**

**COST: 130.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

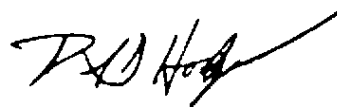
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



# COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TMASTER 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:

Viviane Ferreira dos Santos

Name of Person

TMASTER HOME LLC

Firm/Company

610 Sycamore Street, Ste 315

Address

Celebration, FL 34747

City/State and Zip Code

viviane@tmaster.com.br

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viviane Ferreira dos Santos

Brazil

+5511947627346

at ( )

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

2024 JUN 20 PM 0:17

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TMASTER 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:

Mailing Address:

610 Sycamore Street, Ste 315, Celebration  
FL 34747

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

*Drielen Ferreira*

06/19/24

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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IN AND FOR THE STATE  
OF FLORIDA

**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

Viviane Ferreira dos Santos  
420, Avenida Barber Greene, Guarulhos  
SP 07120260, Brasil

MGR

Thiago Soares Pires  
420, Avenida Barber Greene, Guarulhos  
SP 07120260, Brasil

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(Use attachment if necessary)

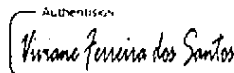
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL).  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



06/19/24

**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.

Viviane Ferreira dos Santos

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)

FILED  
JUN 20 2024  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA