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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. TORRES & COSTA CLEANING SERVICES, LLC

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## COVER LETTER

TO:

For furthe

New Filing Section
Division of Corporations

# SUBJECT TORRES & COSTA 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:

Tallahassee, FL 32314

		al r m		
		Claudio Lo	ledo Ribeiro	
	<del></del>	Name of	Person	
		TAXPEOI	PLE, LLC	
	,,	Firm/Co	ompany	*****
		2855 SW F	Brighton St	
		Addr	CSS	
		Port St Luc	ie, FL 34953	
<b>*</b>		City/State an	d Zip Code	
		-	peoplefl.com	
	E-mail address: (to be use	ed for future a	annual report notifica	tion)
Claudio Tol	edo Ribeiro at (	772)	460.1000	
Name o	f Person	Arca Code	Daytime Telephon	e Number
is a check for	the following amount:			
00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	18 Address		Street Address	
	iling Section on of Corporations		New Filing Section I The Centre of Tallaha	
	lox 6327		2415 N. Monroe Stre	

Tallahassee, FL 32303



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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# TORRES & COSTA 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:

Mailing Address:

7610 GREENBORO DR #03 WEST MELBOURNE, FL 32904 7610 GREENBORO DR #03 WEST MELBOURNE, FL 32904

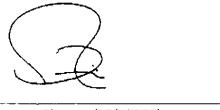
## ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(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, LLO	<u>C                                    </u>
	Name	
	855 SW Brighton S	St
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
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)



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Title: "AMBR" "MGR" =	Name and Address:  = Authorized Member Manager
AMBR	First Name: ERICA PRISCILA
	Last Name: TORRES COSTA
	Address: 7610 GREENBORO DR #03
į L.	City/State/Zip: WEST MELBOURNE, FL 32904
<u>nte:</u> If the date ir	e is listed, the date must be specific and cannot be more than five business days prior of filing.) serted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.
<u>nte:</u> If the date ir	of filing.) serted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.
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Typed or printed name of signee

