



H240002727033ABC.

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:____

FLORIDA LIMITED LIABILITY CO. NC SILVA SERVICES, LLC

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

AUG 14 PH 1:17

2624 RUG 13 PM 1

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000272703 3)))

COVER LETTER

		<u> </u>	C SII	LVA SER	RVICES, LLC			
5UBJEC	T:							
			ame of L	imited Liabi	lity Company	***	_	
The enclo	osed Articles o	of Organization a	n d fee (s)	are submitte	d for filing.			
Please ret	tum all corres	pondence concer	ning this	matter to the	following:			
				Claudio To	oledo Ribeiro			<u>~</u> 2
		-		Name of	Person		.:::	024 £UG
				TAXPEO	PLE, LLC		1 1 3 1 2 4	_ _ 9
				Firm/Co	ompany		ិ ទីល្អ ក្រុ	P
				2855 SW 1	Brighton St		STA E. FI	- =
				Addı	ess		· m	7
				Port \$t Luc	ie, FL 34953			_
				City/State an	•			
		r		•	peoplefi.com			_
For further	information c	n-man address: oncerning this m			annual report notificati	on)		
	***********		2 1(21, p)(abe can.				
_	Claudio Tol	edo Ribeiro	at (772)	460.1000			
Enclosed i		f Person the following am	ount:	Area Code	Daytime Telephone	Number	_	
≡ \$125.00	0 Filing Fee	□ \$130.00 Fi Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)		Filing Fee of Status & Copy	

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 &10 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)



(((H24000272703 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
NC SILVA SI	ERVICES, LLC
(Must contain the words "Limited Liabi	lity 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:
2048 New York St Melbourne, Florida 32904	2048 New York St Melbourne, Florida 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, LLC

Name

2855 SW Brighton St

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

Port St Lucle

FL

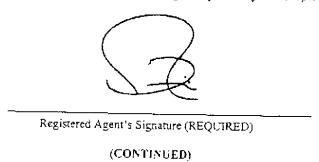
34953

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..





(((H24000272703 3)))

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	First Name: NAYARA Last Name: COELHO SILVA Address: 2048 New York St City/State/Zip: Melbourne, Florida 32904
(Use attachment if necessary) E V: Effective date, if other than the da	te of filing:(OPTIONAL)
ective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 9
of filing.) the date inserted in this block does not ment's effective date on the Departmen	pecific and cannot be more than five business days prior to or 9. meet the applicable statutory filips requirements, this date will no
of filing.)	pecific and cannot be more than five business days prior to or 9. meet the applicable statutory filips requirements, this date will no
of filing.) The date inserted in this block does not nent's effective date on the Departmen	pecific and cannot be more than five business days prior to or 9. meet the applicable statutory filips requirements, this date will no
thing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic document is executed an aware that any fals	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not to f State's records.

