

L24000412187

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Handwritten: JH 9.30.24

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : JTAX CORP
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2024 SEP 25 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.
THE CENTER OF HUMAN DEVELOPMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

24 SEP 25 AM 10:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CENTER OF HUMAN DEVELOPMENT 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:10055 YAMATO RD
BOCA RATON, FL 33498Mailing Address:SAME

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:

JTAX CORP

Name

10055 YAMATO RD STE 206Florida street address (P.O. Box **NOT** acceptable)BOCA RATON

City

FL

State

33498

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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DIVISION OF CORPORATIONS
24 SEP 25 AM 10:00

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**Name and Address:**

"AMBR" - Authorized Member

"MGR" = Manager

AMBRBRUNO ANGELO COUTINHO9498 AEGEAN DRBOCA RATON FL 33496AMBRRODRIGO PRUJANSKY DOS SANTOS217 VIA D ESTE APT 1805DELRAY BEACH, FL 33445AMBRLUCIANA ALONSO PEREIRA8776 CHUNNEL DRBOCA RATON, FL 33433

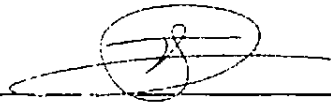
(Use attachment if necessary)

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.

CENTER FOR HUMAN DEVELOPMENT IN TACTICAL, LIFESTYLE AND MARTIAL ARTS.**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 s.817.155, F.S.NIRVANDO COLARES BATISTA

Typed or printed name of signer

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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DIVISION OF CORPORATIONS
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