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Division of Corporations

Fax Number : (850)617-6381

Account Name : TAXPEOPLE LLC Account Number : I20200000160

Phone : (772)460-1000

: (772)777-3071 Fax Number

**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. BBQ BRAZIL PARTY, LLC

Certificate of Status	0
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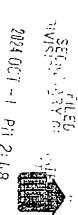
COVER LETTER

	New Filing Sect Division of Cor					•
		В	BQ BI	RAZIL P	ARTY, LLC	
SUBJEC	τ;					
		Na	ime of Li	mited Liabilii	y Company	
The encl	osed Articles of	Organization an	id fee(s) s	are submitted	for filing.	
Please re	turn all correspo	ondence concern	ing this r	natter to the f	ollowing:	
				Claudio Tol	edo Ribeiro	
				Name of	Person	
				TAXPEOP	LE, LLC	
				Firm/Co	npany ,	
				2855 SW B	righton St	
				Addre	:55	
				Part St Luci	e, FL 34953	
				City/State and	l Zip Code	·
				info@taxp	eoplefl.com	
		E-mail address: ((to be use	d for future a	nnual report notifical	nion)
For furthe	r information co	ncerning this m	atter, pie	ase call:		
	Claudio Tole	do Ribeiro	at (772)	460.1000	
Enclosed	Name of	Person he following am	nount:	Area Code	Daytime Telephon	e Number
≡\$ 125.	00 Filing Fee	□\$130.00 Fi Certificate of		Certifi	5.00 Filing Fee & ed Copy al 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



(((H24000331809 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T:	IC	LE	1	-	Na	me:
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The name of the Limited Liability Company is:

BBQ BRAZIL PARTY, 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:

1346 CORAL REEF AVE NW PALM BAY, FL 32907 1346 CORAL REEF AVE NW PALM BAY, FL 32907

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	
2	855 SW Brighton S	it
Florida street addres	55 (P.O. Box <u>NOT</u> ac	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.



(CONTINUED)



(((H24000331809 3)))

<u>itle:</u> AMBR" – Authorized Member	Name and Address:
MGR" = Manager	•
AMBR	First Name: IANA
	Last Name: DE BRITO RAMOS Address: 1346 CORAL REEF AVE NW
	City/State/Zip: PALM BAY, FL 32907
AMBR	First Name: IGOR
	Last Name: RAMOS MACIEL
	Address: 1346 CORAL REEF AVE NW City/State/Zip: PALM BAY, FL 32907
V: Effective date, if other than the tive date is listed, the date must b filling.) the date inserted in this block does it	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.
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