

L24000485371

(Requestor's Name)

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(City/State/Zip/Phone #)

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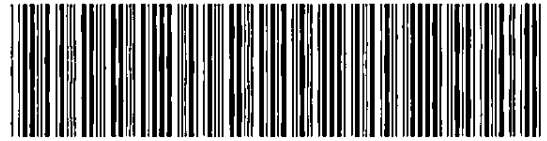
(Business Entity Name)

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DATE: 11/19/2024

NAME: AGNES LDO LLC

TYPE OF FILING: ARTICLES

COST: 130.00

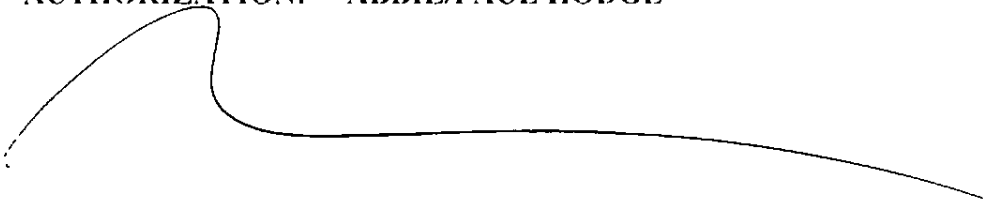
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: AGNES LDO 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:

Luiz Fernando Angnes
Name of Person

Firm/Company

610 Sycamore St Suite 315
Address

Celebration FL 34747
City/State and Zip Code

support@authenticorlando.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Luiz Fernando Angnes 407 815-3037
Name of Person at () 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AGNES LDO 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:

610 SYCAMORE STREET SUITE 315
CELEBRATION FL
34747

Mailing Address:

610 SYCAMORE STREET SUITE 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)

<u>CELEBRATION</u>	<u>FL</u>	<u>34747</u>
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..

Authenticsign
Drielen Ferreira 11/15/24
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 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:

AMBR

LUIZ FERNANDO ANGNES
RUA 15 DE NOVENBRO, 782, APTO 1301, BEIRA RIO
IMPERATRIZ, MARANHAO BR 65900-050

AMBR

DARLENE SOUSA BARROS
RUA 15 DE NOVENBRO, 782, APTO 1301, BEIRA RIO
IMPERATRIZ, MARANHAO BR 65900-050

(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:

Authentisign

LUIZ FERNANDO ANGNES

11/15/24

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.

LUIZ FERNANDO ANGNES

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)

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