

Florida Department of State

L24000492072
Division of Corporations
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To:

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

From:

Account Name : DOSSANTOS AND MACHADO,LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@GFSTAXACCT.COM

FLORIDA LIMITED LIABILITY CO. LAURIANO VIBES LLC

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

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Help



November 22, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOSSANTOS AND MACHADO, LLC

SUBJECT: LAURIANO VIBES LLC
REF: W24000156292

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Supervisor
New Filing Section

FAX Aud. #: H24000387199
Letter Number: 824A00025591

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LAURIANO VIBES 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:

GILVAM F DOS SANTOS
Name of Person
GFS TAX & ACCOUNTING SERVICES
Firm/Company
11764 W SAMPLE RD STE 102
Address
CORAL SPRINGS, FL 33065
City/State and Zip Code
INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS 754 268 6771
Name of Person at () 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAURIANO VIBES 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:5128 RIDGEWAY DR
ORLANDO, FL 32819**Mailing Address:**5128 RIDGEWAY DR
ORLANDO, FL 32819**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:

GFS TAX & ACCOUNTING SERVICES

Name

11764 W SAMPLE RD STE 102Florida street address (P.O. Box **NOT** acceptable)CORAL SPRINGS FL 33065

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**JOSELY DA SILVA LAURIANO5128 RIDGEWAY DRORLANDO, FL 32819

(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.Arison**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.JOSELY DA SILVA LAURIANO

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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