

L24000524423

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000416196 3)))



H240004161963ABCO

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: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2024 DEC 18 AM 11:26

FILED

FLORIDA LIMITED LIABILITY CO.
AMERICAN NAUTICAL SOLUTIONS, LLC

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

RECEIVED

2024 DEC 18 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FL

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

(((H24000416196 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

AMERICAN NAUTICAL SOLUTIONS, LLC

SUBJECT: _____
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:

Claudio Toledo Ribeiro	FILED 2024 DEC 18 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FL
Name of Person	
TAXPEOPLE, LLC	
Firm/Company	
2855 SW Brighton St	
Address	
Port St Lucie, FL 34953	
City/State and Zip Code	
info@taxpeoplefl.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Claudio Toledo Ribeiro at (772) 460.1000

Name of Person	Area Code	Daytime Telephone Number
----------------	-----------	--------------------------

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



(((H24000416196 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN NAUTICAL SOLUTIONS, 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:

10467 SOUTH 228TH LANE,
BOCA RATON, FL 33428

Mailing Address:

10467 SOUTH 228TH LANE,
BOCA RATON, FL 33428

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

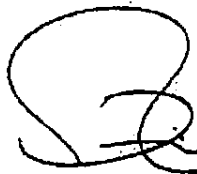
2855 SW Brighton St

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

Port St 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)



((H24000416196 3)))

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	First Name: HAZAEL TERCIO Last Name: DA COSTA BATISTA Address: 10467 SOUTH 228th LANE City/State/Zip: BOCA RATON, FL 33428
MGR	First Name: MICHEL Last Name: RAMOS Address: 10467 SOUTH 228th LANE City/State/Zip: BOCA RATON, FL 33428
MGR	First Name: WAGNER ALBERTO Last Name: FERREIRA Address: 237 RUA SANTA TEREZA, APT 01 City/State/Zip: BALNEÁRIO ESTREITO, FLORIANÓPOLIS - SC, BRAZIL 88075-330

2024 DEC 18 AM 11:26
SECRETARY OF STATE
TALLAHASSEE

FILED

(Use attachment if necessary)

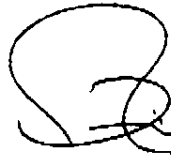
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Claudio Toledo Ribeiro

Typed or printed name of signer

