

L25000191600

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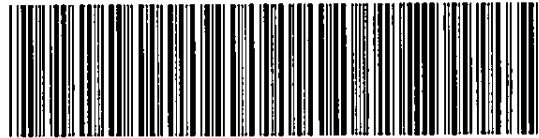
(Business Entity Name)

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DATE: 04/30/2025

NAME: TAORMINA INVESTMENTS LLC

TYPE OF FILING: ARTICLES

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Taormina Investments 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:

Gabriela Lucero

Name of Person

IBCF

Firm/Company

407 N HIGHLAND AVE

Address

NYACK, NY 10960

City/State and Zip Code

GLUCERO@IBCF.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriela Lucero 845 3980900
____ at (____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Taormina Investments 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:

150 SE 2ND AVE STE 800

MIAMI, FL 33131

Mailing Address:

153 E FLAGLER ST #159

MIAMI, FL 33131

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation

FL

33324

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..

Gabriela Lucero

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, 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:

MGR

RICARDO RIBEIRO VALADARES GONTIJO
RUA RIO DE JANEIRO 2573 APT 1201
BELO HORIZONTE 30160-042 BR

MGR

ANA CAROLINA RIBEIRO VALADARES GONTIJO
RUA JOSE FERREIRA CASCAO 30 APT 19
BELO HORIZONTE 30320-720 BR

MGR

ANA LUCIA RIBEIRO VALADARES GONTIJO
RUA PROFESSOR GIORGIO SCHREIBER 99
BELO HORIZONTE, MG 30210-430 BR

SEE ADDENDUM

(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:

DocuSigned by:

Ana Carolina Gontijo

617498F7408446D

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.

ANA CAROLINA RIBEIRO VALADARES GONTIJO

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)

ADDENDUM

Title MGR

RICARDO VALADARES GONTIJO

RUA PROFESSOR GIORGIO SCHREIBER 99

BELO HORIZONTE, MG 30210-430 BR

Title MGR

INTERCORP INTERNATIONAL RA LLC

150 SE 2nd Ave, Ste 808

Miami, FL 33131