

7/3/24, 9:27 AM

Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : 120140000089
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

Foreign Limited Liability Company
SBAXTT LLC

Certificate of Status	0
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Corporate Filing Menu

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2024-07-03 13:43 51 GMT

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From Juliana dos santos

((H24000227852 3))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SBAXTT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JULIANA MACHADO

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

954

957 3244

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

(((H24000227852 3)))

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SBAXTT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

SBAXTT FL LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. WYOMING 3. 61-2199131
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/26/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11764 W SAMPLE RD STE 102 6. 11764 W SAMPLE RD STE 102
(Street Address of Principal Office) (Mailing Address)

STE 102 STE 102
CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GFS TAX & ACCOUNTING SERVICES
Office Address: 11764 W SAMPLE RD STE 102
Coral Springs, Florida 33065
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Juliana machado
(Registered agent's signature)

FILED
2024 JUL -3 PM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL

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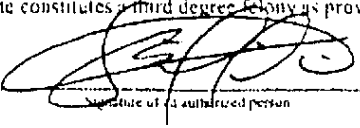
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>STANLEY B ALMEIDA</u>	<input type="checkbox"/> Manager	Name: <u>YASMIN D BITTAR</u>
<input checked="" type="checkbox"/> Member	Address: <u>ALAMEDA FRANCA, 37</u>	<input checked="" type="checkbox"/> Member	Address: <u>ALAMEDA FRANCA, 37</u>
<input type="checkbox"/> Authorized	<u>ALPHAVILLE UM - BARUERI</u>	<input type="checkbox"/> Authorized	<u>ALPHAVILLE UM - BARUERI</u>
Person	<u>SAO PAULO - SP CEP 06474-070</u>	Person	<u>SAO PAULO - SP CEP 06474-070</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of authorized person
STANLEY BITTAR DE ALMEIDA

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

SBAXTT LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **11th** day of **June, 2024** at **12:26 PM**.

Remainder intentionally left blank.



Filed Date: 06/11/2024

A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State

Filed Online By:

STANLEY BITTAR DE

ALMEIDA
on 06/11/2024