

M24000014005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

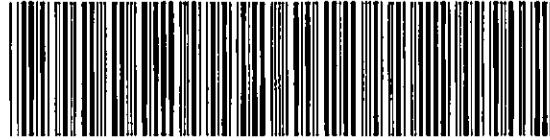
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-148442

Office Use Only



100438834031

APPROVED  
AND  
FILED  
2024 NOV - 6 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 OCT 31 PM 3:33  
-2024 OCT 31 11:00 AM  
TALLAHASSEE, FLORIDA

NOV - 8 2024  
K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: GA FLOOR SERVICES LLC  
Ref. Number: W24000148442

We have received your document for GA FLOOR SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 024A00024063

RECEIVED  
2024 NOV -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL. 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$ 130.00

Authorization Signature: 

GA FLOOR SERVICES LLC

Business Name

#Document #

     Walk in

     Will wait

     Certified Copies of the Articles of Incorporation and all amendments (complete file)

  X   Certificate of Status

#### NEW FILINGS

     Profit  
     Not for Profit  
  X   LLC  
     Domestication  
     INC  
     CORP  
     OTHER

#### AMENDMENTS

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Conversion  
     Statement of FACT  
     Merger

#### OTHER FILINGS

     Annual Report  
     Fictitious Name  
     Statement of Authority  
     APOSTIL                       
                    COUNTRY

#### REGISTRATION/QUALIFICATIONS

X    Foreign Filing  
     Partnership  
     Reinstatement  
     CORRECTION for a Foreign LLC  
     Domestication of a Foreign Corp.  
     Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GA FLOOR SERVICES 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:

MARIA M. CALDAS LOPES  
Name of Person

MADE IN BRAZIL SERVICES  
Firm/Company

2950 WINKLER AVE SUITE 501  
Address

FORT MYERS, FL 33916  
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS LOPES at ( 239 ) 810-6079  
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**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

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

(Jurisdiction under the law of which foreign limited liability company is organized)

File number, if applicable:

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

(Street Address of Principal Office)

Major Address

CCALA FL 34471

(City)

'Zip code)'

*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.*

(Registered with the Registrar of Companies)

SECRETARY OF STATE

2024 NOV -4 PM 2:56

APPROVED  
AND  
FILED

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>ALEX GONCALVES RODRIGUES</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>104 SE 19TH ST</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>OCALA, FL 34471</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>AMBR</u>	<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"/> 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	_____

**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 officer 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 605.02(3)(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.

Signed by \_\_\_\_\_  
 Signature of an authorized officer  
 2C3A5C27813140  
 ALEX GONCALVES RODRIGUES  
 Typed or printed name

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Friday, November 01, 2024 1:54 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name GA FLOOR SERVICES LLC

Business ALEI US-CT.BER:2878708

Formation Date 10/23/2023



Secretary of the State