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PAGE 1

5/19/2021

Division Corporations

P21000048865

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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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.\*\***

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FLORIDA PROFIT/NON PROFIT CORPORATION  
LOPES SERVICES, INC. /

Certificate of Status	0
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TaxPeople

PAGE 01

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May 20, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAXPEOPLE, LLC  
2855 SW BRIGHTON ST  
PORT SAINT LUCIE, FL 34953US

SUBJECT: LOPES SERVICES, INC.  
REF: W21000072637

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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SHAMIYA M HARRIS  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: E21000201349  
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**COVER LETTER**

(((H21000201349 3)))

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** LOPES PROFESSIONAL SERVICES, INC.**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED****FROM:** TAXPEOPLE, LLC

Name (Printed or typed)

2855 SW BRIGHTON ST

Address

PORT ST LUCIE, FL, 34953

City, State &amp; Zip

772.460.1000

Daytime Telephone number

info@taxpeoplefl.com

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

**NOTE: Please provide the original and one copy of the articles.**

(((H21000201349 3)))

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: **LOPES PROFESSIONAL SERVICES, INC.****ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

2255 Orbit Ct, Apt. 184

West Melbourne, FL 32904

Mailing address, if different is:

2255 Orbit Ct, Apt. 184

West Melbourne, FL 32904

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

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**ARTICLE IV SHARES**The number of shares of stock is: **1,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **RAILSON LOPES DA SILVA/President** Name and Title: \_\_\_\_\_Address **2255 Orbit Ct, Apt. 184** Address: \_\_\_\_\_**West Melbourne, FL 32904** \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAXPEOPLE LLC  
Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: CLAUDIO TOLEDO RIBEIRO  
Address: 2855 SW BRIGHTON ST  
PORT ST LUCIE, FL 34953

**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date