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Division of Corporations

H21000048865

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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((H21000201349 3)))



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Fax Number : (850)617-6381

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Account Name : TAXPEOPLE LLC
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****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
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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PAGE 01

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5/20/2021 3:33:45 PM PAGE 1/001 Fax Server



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 refile 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

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If you have any further questions concerning your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II
New Filings Section

FAX Aud. #: E21000201349
Letter Number: 021A00010781

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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, 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 & 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

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

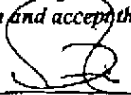
Address: 2855 SW BRIGHTON ST
PORT ST LUCIE, FL 34953

ARTICLE VIII EFFECTIVE DATE:

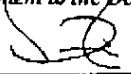
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 05/19/2021
 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.

 05/19/2021
 Required Signature/Incorporator Date