Division of Corporations Electronic Filing Cover Sheet

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From:

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Email Address:\_

# FLORIDA LIMITED LIABILITY CO. US GURI COMPANY, LLC

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## **COVER LETTER**

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30000		1	Name of Li	mited Liabi	lity Company			
The encl	osed Articles (	of Organization a	and fee(s) a	re submitt <b>e</b>	d for filing.			
Please re	turn all corres	pondence concer	ming this m	natter to the	following:			
				Claudio To	iledo Ribeiro			
	<del></del>		-	Name of	Person			—
				TAXPEO	PLE, LLC			
				Firm/Co	mpany			
				2855 SW 1	Brighton St			
				Addr	ess	···		
				Port St Luc	ie, FL 34953			
			С		d Zip Code	_		_
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For further	information co	oncerning this m	atter, pleas	e call:				
_	Claudio Tol	edo Ribeiro	at (	772)	460.1000			
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## 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



(((H23000029145 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

# US GURI COMPANY, 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:

Mailing Address:

1564 SE ROYAL GREEN CIRCLE, APT. U204 PORT ST LUCIE, FL 34952

1564 SE ROYAL GREEN CIRCLE, APT. U204 PORT ST LUCIE, FL 34952

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:

	TAXPEOPLE, LL	<u>c</u>
	Name	
	855 SW Brighton S	St
Florida street addres	ss (P.O. Box NOT ac	cc <del>c</del> ptable)
Port St Lucie	FL	34953
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. If 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...



Registered Agent's Signature (REQUIRED)

(CONTINUED)



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The name and address of each person authorized to manage and control the Limited Liability Company;

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR	First Name: HENRIQUE
	Last Name: LEITE
	Address: 1564 SE ROYAL GREEN CIRCLE, APT. U204
	City/State/Zip: PORT ST LUCIE, FL 34952

(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 to the date of filing.)	than five business days prior to or 90 days after
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 V	I: Other provisio	ns, ifany.	

## REQUIRED SIGNATURE:



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.

Claudio Toledo Ribeiro

Typed or printed name of signee

