

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000118562**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H23000096805 3))



H230000968053ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)517-6381

From:  
Account Name : TAXPEOPLE LLC  
Account Number : 120200000160  
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.\*\*

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

**FLORIDA LIMITED LIABILITY CO.  
SAINT LUCIE HOME SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**FILED**  
MAR 14 10:04 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/7  
11:21:06

*MS*

(((H23000096805 3)))

COVER LETTER

TO: New Filing Section  
Division of Corporations

**SAINT LUCIE HOME SERVICES, LLC**

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Claudio Toledo Ribeiro  
Name of Person  
\_\_\_\_\_  
**TAXPEOPLE, LLC**  
Firm/Company  
\_\_\_\_\_  
2855 SW Brighton St  
Address  
\_\_\_\_\_  
Port St Lucie, FL 34953  
City/State and Zip Code  
\_\_\_\_\_  
info@taxpeoplefl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Claudio Toledo Ribeiro at ( 772 ) 460.1000  
Name of Person; Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

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



(((H23000096805 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**SAINT LUCIE HOME SERVICES, 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:

101 SW EVANS AVE  
PORT ST LUCIE, FL 34984

Mailing Address:

101 SW EVANS AVE  
PORT ST LUCIE, FL 34984

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, LLC

Name

2855 SW Brighton St

Florida street address (P.O. Box **NOT** acceptable)

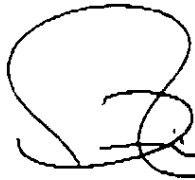
Port St Lucie FL 34953

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. I 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 603, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)



(((H23000096805 3)))

**ARTICLE IV**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR	First Name: NEUSA APARECIDA Last Name: MIRANDA Address: 101 SW EVANS AVE City/State/Zip: PORT ST LUCIE, FL 34984
------	---

(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 than five business days prior to or 90 days after the date of 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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Rihetro

\_\_\_\_\_  
Typed or printed name of signee

