

2/8/24, 11:34

LA4000054073

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing System

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.

((H24000054073 3)))



H240000540733ABCZ

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)617-6381

From:

Account Name : TAXPEOPLE LLC  
Account Number : I20200000160  
Phone : (772)460-1000  
Fax Number : (772)777-3071

*Handwritten signature and date 2/9/24*

2024 FEB -8 PM 4:52

\*\*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.

BLESS COMPANY USA, LLC

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

2024 FEB -8 PM 9:52

STATE

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000054073 3)))

COVER LETTER

TO: New Filing Section  
Division of Corporations

BLESS COMPANY USA, 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@taxpeoplellc.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



(((H24000054073 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**BLESS COMPANY USA, 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:

4140 SHEPPERDS HOLLOW ALLY  
WINTER GARDEN, FL 34787

Mailing Address:

4140 SHEPPERDS HOLLOW ALLY  
WINTER GARDEN, FL 34787

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**

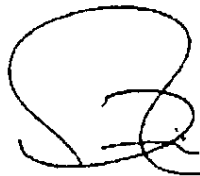
**34953**

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024  
SEP  
11  
9:53  
STATE  
NOTARY



(((H24000054073 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: SAMUEL Last Name: DIAS NEIVA Address: 4140 SHEPPERDS HOLLOW ALLEY City/State/Zip: WINTER GARDEN, FL 34787
------	--

(Use attachment if necessary)

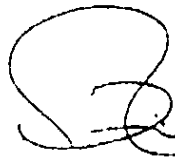
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 Ribeiro

\_\_\_\_\_  
Typed or printed name of signer

2024  
9:53  
STATE

