# Electronic Filing Cover Sheet

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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

\*\*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. JN SATHLER GENERAL SERVICES, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

### **COVER LETTER**

TO:	New Filing S Division of C					
SUBJE	CT:	JN SA	THLEF	GENER	<u>AL SERVICES,</u>	LLC
		Š	ame of Li	imited Liabil	ity Company	
The end	losed Articles (	of Organization a	nd fee(s) i	are submitte	d for filing.	
Please r	eturn all corres	pondence concer	ning this r	natter to the	following:	
1				Claudio To	ledo Ribeiro	
		<del></del>		Name of	Person	<del>*************************************</del>
				TAXPEOR	LE, LLC	
		<del></del>		Firm/Co	mpany	····
				2855 SW F	Brighton St	
		<del>- · ·</del> · · · · · · · · · · ·		Addr	ess	
				Poπ St Luc	ie, FL 34953	
			C	ity:/State and		
					eoplefl.com	
		E-mail address: (	to be used	for future e	anual report notifica	stion)
For furthe	r information c	oncerning this m	atter, pleas	se call:		
	Claudio Tol	edo Ribeiro	at (	772 )	460.1000	
	Name o	f Person		Area Code	Daytime Telephon	ne Number
Enclosed	is a check for	the following am	ount:			
<b>■</b> \$125.	00 Filing Fee	© \$136.00 Fill Certificate of	ing Fee & Status	Certifie	.00 Filing Fee & d Copy i 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

TO:

Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

## JN SATHLER GENERAL 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:

Mailing Address:

645 SW Veronica Ave, Port St. Lucie, FL 34953

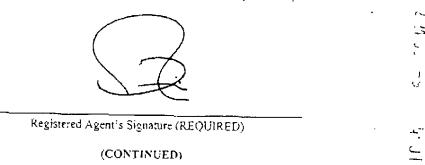
645 SW Veronica Ave. Port St. Lucie, FL 34953

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	C
	Name	
	2855 SW Brighton 5	5t
	ss (P.O. Box <u>NOT</u> a	
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.





"AMBR" = Authorized Member "MGR" = Manager  First Name: JOSIAS  Last Name: NUNES SATHLER  Address: 645 SW Veronica Ave.  City/State/Zip: Port St. Lucie, FL 34953  attachment if necessary)  LE V: Effective date, if other than the date of filing:  flective date is listed, the date must be specific and cannot be more than five husiness days parer the date of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this is das the document's effective date on the Department of State's records.  VI: Other provisions, if any.	Title:	Name and Address:	
ANIBR    First Name: JOSIAS   Last Name: NUNES SATHLER   Address: 645 SW Veronica Ave.   City/State/Zip: Port St. Lucie. FL 34953     CLE V: Effective date, if other than the date of filing:		ed Member	
Last Name: NUNES SATHLER Address: 645 SW Veronica Ave. City/State/Zip: Port St. Lucie, FL 34953  attachment if necessary)  CLE V: Effective date, if other than the date of filing:	"MGR" = Manager		
Last Name: NUNES SATHLER Address: 645 SW Veronica Ave. City/State/Zip: Port St. Lucie, FL 34953  attachment if necessary)  CLE V: Effective date, it other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days parer the date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this id as the document's effective date on the Department of State's records.  VI: Other provisions, if any.	AMBR	First Name: JOSIAS	
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