Division of Corporations **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. DRS FLOORING SERVICES LLC

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

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	New Filing Sec Division of Cor					
		DRS	FLOOI	RING S	ERVICES, LL	C
SUBJE	CT:					
••••		Na	me of Lim	ited Liabili	у Сотрвпу	
The end	closed Articles of	Organization and	d fee(s) are	submitted	for filing.	
Please r	return all correspo	ondence concerni	ing this ma	tter to the f	ollowing:	
			C	Claudio Tol	edo Ribeiro	
				Name of	Person	
			7	ГАХРЕОР	LE, ULC	
				Firm/Co	npany	
				2855 SW B	righton St	
				Addre	SS	
			I	ort St Luci	e, FL 34953	
			Ci	tv/State and	Zip Code	
				info@taxp	eoplefl.com	
	-	-mail address: (to be used	for future a	nnual report notificati	ion)
For furth	er information co	ncerning this ma	itter, pleas	e call:		
	Claudio Tole	do Ribeiro	at (772)	460.1000	
Enclose	Name of		-	rea Code	Daytime Telephone	Number
₽\$ 123	5.00 Filing Fee	□\$130.00 Fil Certificate of	ing Fee & Status	Certifi	5.00 Filing Fee & ed Copy al 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 Tailahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΔI	RTI	CI	F	T _ `	Na	me:

The name of the Limited Liability Company is:

DRS FLOORING 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:

5603 NW NORTH CRISONA CIR PORT ST LUCIE, FL 34986 5603 NW NORTH CRISONA CIR PORT ST LUCIE, FL 34986

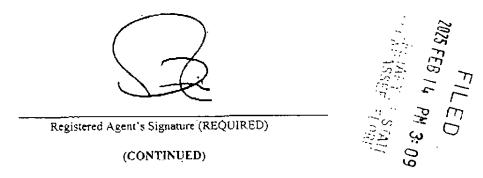
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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	Ç
	Name	
	855 SW Brighton S	it
Florida street addres	ss (P.O. Box <u>XOT</u> as	cceptable)
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	Name and Address:
'MGR" = Manager	
	<u> </u>
AMBR	First Name: DHEIMSON
	Last Name: DA ROCHA SILVA Address: 5603 NW NORTH CRISONA CIR
•	City/State/Zip: PORT ST LUCIE, FL 34986
	Chyblate Zip. Folk For Beerla, 12 3300
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ARTICLE IV

