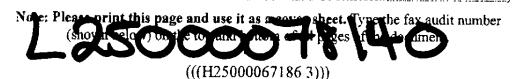
# Florida Department of State

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

Fax Number

: (772)460-1900 : (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. MAXIMUM CLEANING H.M, LLC

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

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#### **COVER LETTER**

| TO: | New Filing Section     |    |
|-----|------------------------|----|
|     | Division of Corporatio | ns |

|                  |                            | MAX                             | IMUN        | I CLEAD         | NING H.M, L                                       | LC  |
|------------------|----------------------------|---------------------------------|-------------|-----------------|---|---|
| SUBJEC           | T:                         |                                 |             |                 |   |   |
|                  |                            | N                               | ame of Li   | mited Liabili   | ty Company  | <del></del>   |
| The enclo        | osed Articles of           | Organization ar                 | nd fee(s) s | tre submitted   | for filing.                                       |   |
| Please ret       | turn all corresp           | ondence concern                 | ing this n  | natter to the f | following:  |   |
|                  |                            |                                 |             | Claudio Tol     | edo Ribeiro                                       |   |
|                  |                            |                                 |             | Name of         | Person  |   |
|                  |                            |                                 |             | TAXPEOP         | LE, LLC   |   |
|                  | <del></del>                |                                 | ,           | Firm/Co         | npany   |   |
|                  |                            |                                 |             | 2855 SW B       | righton St  |   |
|                  | ~                          |                                 |             | Addre           | :55   | V-7-W-  |
|                  |                            |                                 |             | Port St Luci    | e, FL 34953                                       |   |
|                  |                            |                                 |             | City/State and  | Zip Code  |   |
|                  |                            |                                 |             |                 | eoplefl.com                                       | <del></del> -   |
|                  | Ī                          | E-mail address: (               | to be used  | d for future a  | nnual report notifica                             | tion)   |
| For further      | information co             | ncerning this ma                | itter, plea | se call:        |   |   |
|                  | Claudio Tole               | do Ribeiro                      | at (        | 772)            | 460.1000  |   |
| Enclosed         | Name of is a check for the | Person<br>he following am       |             | Area Code       | Daytime Telephon                                  | e Number  |
| <b>■</b> \$125.0 | 0 Filing Fee               | □\$130.00 Fil<br>Certificate of |             | `Certifie       | .00 Filing Fee &<br>d Copy<br>i copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



(((H25000067186 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AR | ŢŢ | $\mathbf{CL}$ | E | ] - | N | am | e: |
|----|----|---------------|---|-----|---|----|----|
|----|----|---------------|---|-----|---|----|----|

The name of the Limited Liability Company is:

## MAXIMUM CLEANING H.M, 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:

1411 SHEAFE AVE NE UNIT 104 PALM BAY, FL 32905 Mailing Address:

1411 SHEAFE AVE NE UNIT 102 PALM BAY, FL 32905

NE UNIT 10 PM 1: 18
RETARY OF STAT
AHASSEE, FL
an individual or
an individual or

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..

12

Registered Agent's Signature (REQUIRED)

(CONTINUED)



FILED

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|         | City/State/Zip: MELBOURNE, FL 32904   |
|---------|---|
|         | First Name: SABRINA Last Name: MIRANDA MARCIEL Address: 7560 GREENBORO DR APT 6 City/State/Zip: MELBOURNE, FL 32904 |
| f State | 's records.   |
|         |   |
|         |   |

Claudio Toledo Ribeiro

Typed or printed name of signee

