

5/28/22, 12:18 PM

Division of Corporations

**H2200018884335538**

**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.**

(((H22000188843 3)))



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**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 : ASLAN TAX SERVICES INC  
Account Number : I20140000082  
Phone : (305)644-9144  
Fax Number : (786)477-5802

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 MAY 31 AM 6:29

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED  
2022 MAY 31 AM 7:59  
CORPORATIONS  
COMMERCIAL  
SERVICE

**FLORIDA LIMITED LIABILITY CO.  
INMOOVE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: INMOOVE LLC**  
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:

IRMA SERNA  
Name of Person

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ASLAN TAX SERVICES INC  
Firm/Company

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1770 W FLAGLER ST SUITE 5  
Address

---

MIAMI, FL 33135  
City/State and Zip Code

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IRMA@ASLANTAXSERVICE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA SERNA at ( 305 ) 644-9144  
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

OFFICE AND/OR VIEW  
 FRANCHISING  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INMOOVE 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:

1770 W FLAGLER ST SUITE 5  
MIAMI, FL 33135

1770 W FLAGLER ST SUITE 5  
MIAMI, FL 33135

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:

ASLAN AFFILIATES LLC

Name

1770 W FLAGLER ST SUITE 5

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

MIAMI

FL

33135

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.

X

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
& TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Fernando De Lusaretta  
1770 W Flagler St Suite 5  
Miami, FL 33135

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

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**REQUIRED SIGNATURE:**

x 

**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.

Fernando De Lusaretta

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agents
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 2022 MAY 31 AM 6:29  
 T. ARBARR VIDEO  
 FRANCHISING  
 DIVISION OF CORPORATIONS  
 AND BUSINESSES, FLORIDA