

7/28/2020

Division of Corporations  
**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000215546

**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.

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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : ASLAN TAX SERVICES INC  
 Account Number : I2014000082  
 Phone : (305)644-9144  
 Fax Number : (786)477-5802

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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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: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 DEMELLO 840 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 SERVICES

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT: DEMELLO 840 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

ASLAN TAX SERVICES INC  
\_\_\_\_\_  
Firm/Company

762 SW 18TH AVE  
\_\_\_\_\_  
Address

MIAMI, FL 33135  
\_\_\_\_\_  
City/State and Zip Code

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

REC'D  
TALLAHASSEE  
FLORIDA

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For further information concerning this matter, please call:

IRMA SERNA                      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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DEMELLO 840 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:**

150 SE 2ND AVENUE UNIT 203  
MIAMI, FL 33131

150 SE 2ND AVENUE UNIT 203  
MIAMI, FL 33131

**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:

ANDREW S. DEMELLO

Name

150 SE 2ND AVE UNIT 203

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

MIAMI

FL

33131

City

State

Zip

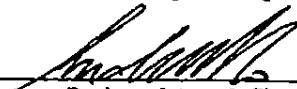
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TALLAHASSEE, FLORIDA

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*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)

**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

ANDREW S. DEMELLO  
150 SE 2ND AVENUE UNIT 203  
MIAMI, FL 33131

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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(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:**

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.

ANDREW S. DEMELLO  
Typed or printed name of signee

**Filing Fees:**

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