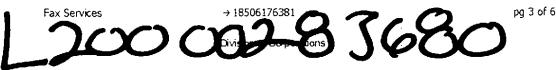
9/17/2020



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H20000324392 3)))



H200003243923ABC7

**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

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

EMAIL	Address:	
LMOIL	Addhocc -	

## FLORIDA LIMITED LIABILITY CO. INDEOV GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Z#Z# SER 17

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE SEP 1 8 2020

## COVER LETTER

TO:	New Filing Sec Division of Cor				
SURI	ECT: INDEOV G	ROUP LLC			
			rited Liab	ility Company	
The er	nclosed Articles of	Organization and fee(s) are	: submitte	d for filing.	
Please	return all correspo	ondence concerning this ma	tier to the	following:	
	IRMA S	ERNA			
	<del></del>		Name o	if Person	
	ASLAN	TAX SERVICES INC			
			Firm/C	ompany	
	762 SW	/ 18TH AVE			
	<del></del>		Ado	h ess	
	MIAMI,	FL 33135			
	<u></u>		-	nd Zip Code	_ <del></del>
		DASLANTAXSERVICE.CO			
	1	E-mail address: (to be used	for future	annual report notificati	on)
For furt	her information co	ncerning this matter, please	call:		
	IRMA SEF	RHAat (	305	644-9144	
	Nam	e of Person A	rea Code	Daytime Telephon	e Number
Enclos	sed is a check for t	he following amount:			
	25.00 Filing Fee	図\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		12 Address		Street Address	
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha	
		lox 6327		2415 N. Monroe Stre	
		asser FL 32314		Tallahassee FL 3230	

ARTICLESO	FORGANIZATION I	OR FLORIDA LIMI	TED DABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabili	ty Company is:			
INDEOV GROUP I				
(Must cont	tain the words "Lim	ited Liability Compa	iny, "L.L.C.," or "LLC.")	
ARTICLE 11 - Address:				
The mailing address and street a	ddress of the princi	oal office of the Lim	ited Liability Company is:	
Dainain	nal Office Addr <u>ess</u> :		Mailing Addre	ec.
rmicip	iai Office Additess.		maning Addre	3.71
2414 SW 8th ST			2414 SW 8th ST	
Miami, FL 33135			Miami, FL 33135	
·		<del></del> -	<del></del>	<del></del>
ARTICLE III - Registered Ag	ent, Registered Of	fice, & Registered	Agent's Signature:	
(The Limited Liability Company			ent. You must designate an indi	vidual or
another business entity with an	active morida regisi	ration.)		
The name and the Florida street	address of the regis	tered agent are:		
	Geraldo Rodrigu	985		
	Geraido Rodrigo	Name	-	
		2.00		
	2414 SW 8th ST			
	Florida street ac	idress (P.O. Box <u>NC</u>	or acceptable)	
	Miami	FL	33135	

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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Geraldo Rodrigues 2414 SW 8th ST Miami, FL 33135
	<i>:-</i> ,
	20 SEP
<del></del>	
	F. 6.
(Use attachment if necessary)	
TCLE V: Effective date, if other than neffective date is listed, the date mulate of filing.)  E: If the date inserted in this block d	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days to specific and cannot be more than five business days prior to or 90 days are not meet the applicable statutory filing requirements, this date will not be list artinent of State's records.
FICLE V: Effective date, if other than n effective date is listed, the date mutate of filing.)  c: If the date inserted in this block d document's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list
FICLE V: Effective date, if other than n effective date is listed, the date mudate of filing.)  c: If the date inserted in this block d document's effective date on the Department of the date of the date of the Department of the date of the Department of the Depar	est be specific and cannot be more than five business days prior to or 90 days ones not meet the applicable statutory filing requirements, this date will not be list artifect of State's records.
FICLE V: Effective date, if other than n effective date is listed, the date mudate of filing.)  ic: If the date inserted in this block didocument's effective date on the Department of the Depa	est be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be list artment of State's records.

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)