

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L20000388969

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

From: Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: Jessica.Harte@taxcareinc.com

**FLORIDA LIMITED LIABILITY CO.
MATELPA INTERNATIONAL LLC**

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

2020 DEC 16 PM 12: 23

2020 DEC 16 PM 2: 30

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MATELPA INTERNATIONAL
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:

JESSICA TORRES
Name of Person
TAX CARE CELEBRATION
Firm/Company
1400 NW 107TH AVE STE 203
Address
SWEETWATER FL 33172
City/State and Zip Code
jessica.torres@taxcareinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Torres 786 845-8854
_____ at (_____) _____
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

2529
6-16 PM 12:23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATELPA INTERNATIONAL 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:

1400 NW 107TH AVE STE 203
SWEETWATER FL 33172

1400 NW 107TH AVE STE 203
SWEETWATER FL 33172

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:

TAX CARE CELEBRATION
Name

1400 NW 107TH AVE STE 203
Florida street address (P.O. Box **NOT** acceptable)

SWEETWATER FL 33172
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..

Marcos Alfaro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

JORGE ESTEBAN PADILLA CHACON
OFIBODEGAS ULTIMA PARK 2 BODEGA 23
SAN JOSE, ESCAZU, GUACHIPELIN, CR 10203

AMBR

SILVIA ELENA PADILLA CHACON
OFIBODEGAS ULTIMA PARK 2 BODEGA 23
SAN JOSE ESCAZU, GUACHIPELIN, CR 10203

AMBR

MARIA CECILIA PADILLA CHACON
OFIBODEGAS ULTIMA PARK 2 BODEGA 23
SAN JOSE, ESCAZU GUACHIPELIN, CR 10203

AMBR

MARIA ANGELA PADILLA CHACON
OFIBODEGAS ULTIMA PARK 2 BODEGA 23
SAN JOSE ESCAZU, GUACHIPELIN, CR 10203

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2021 (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:



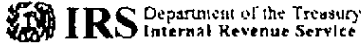
Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

MARIA CECILIA PADILLA CHACON
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)

2021 FEB 16 9:11:23



OGDEN UT 84201-0038

In reply refer to: 0441277503
Nov. 25, 2020 LTR 168C 0
83-4575663 201912 06

00011538
BODC: SB

INOVARTEC LLC
CESAR LOPEZ MBR
1400 NW 107TH AVE STE 43D
SWEETWATER FL 33172-2793

024961

Taxpayer identification number: 83-4575663
Tax periods: Dec. 31, 2019
Form: 1065

Dear Taxpayer:

Thank you for your inquiry dated June 28, 2020.

Our records show we removed the penalty of \$410.00.

If you already paid the penalty and you have no other outstanding balances, you'll receive a refund of the penalty amount you paid within 6 to 8 weeks from the date of this letter.

If you have questions, you can call 800-829-0115.

If you prefer, you can write to the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

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