

2/15/22, 7:06 PM

Division of Corporations

**L22000609903**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000060990 3)))



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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: \_\_\_\_\_

**FILED**  
22 FEB 16 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
KING LUXURY INVESTMENTS, LLC**

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

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Corporate Filing Menu

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S. CHATHAM

FEB 17 2022

**FILED**

**COVER LETTER**

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

**22 FEB 16 PM 1:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**SUBJECT: KING LUXURY INVESTMENTS, 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:

**DALBIS MATOS**

**Name of Person**

**ASLAN TAX SERVICES INC**

**Firm/Company**

**1770 W FLAGLER ST STE 5**

**Address**

**MIAMI, FL 33135**

**City/State and Zip Code**

**DALBIS@ASLANTAXSERVICE.COM**

**E-mail address: (to be used for future annual report notification)**

For further information concerning this matter, please call:

**DALBIS MATOS**

**305**

**644-9144**

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

22 FEB 16 PM 1:29

KING LUXURY INVESTMENTS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 STE 5

MIAMI, FL 33135

1770 W FLAGLER ST STE 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 STE 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.,*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**

**ARTICLE IV-**

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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR

IGNACIO TOMAS ORTIZ ROJAS  
1770 W FLAGLER ST STE 5  
MIAMI, FL 33135

AMBR

FAWSIA ALIA BAJUT JORQUERA  
1770 W FLAGLER ST STE 5  
MIAMI, FL 33135

(Use attachment if necessary)

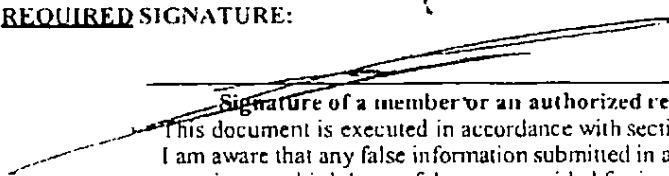
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

IGNACIO TOMAS ORTIZ ROJAS

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)