

22000 143170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

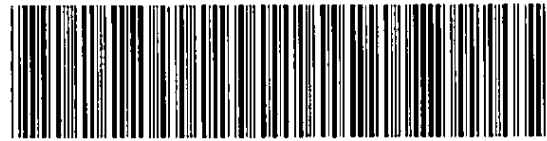
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

T. SCOTT  
APR - 6 2022



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22 APR - 6 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 APR - 6 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Trump Palace 4904 LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Maria Celeste Mestre  
IWPS  
PO Box 830726  
Miami, FL 33283  
admin@iwps-latam.com

For further information concerning this matter, please call:

Maria Celeste Mestre at 305-408-9790

Enclosed is a check for the following amount:

<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)
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**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**

22 APR - 6 PM 12: 43

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Trump Palace 4904 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:**

7101 SW 112 Place  
Miami, FL 33173

**Mailing Address:**

PO Box 830726  
Miami, FL 33283

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

CA Corporate Services Inc.  
7101 SW 112 Place  
Miami, FL 33173

*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)**

**ARTICLE IV**

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

<b>Title:</b>	<b>Name and Address:</b>
"AMBR" = Authorized Member "MGR" = Manager "AR" = Authorized Representative	
MGR	Elizabeth Deborah Heller Rapaport PO Box 830726 Miami, FL 33283
MGR	Marcel Scholem Appel PO Box 830726 Miami, FL 33283
AR	International Wealth Planning Solutions LLC PO Box 830726 Miami, FL 33283

**ARTICLE V:**

Effective date: Date of filing:

**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.

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**International Wealth Planning Solutions LLC**

**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)**