

L22000290107

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

RENOVA ENTERPRISE LLC

FLORIDA LIMITED LIABILITY CO.
NIKKOS ENTERPRISE LLC

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

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REGISTRATION
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June 28, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASLAN TAX SERVICES INC

SUBJECT: NIKKOS ENTERPRISE LLC
REF: W22000086894

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: E22000220726
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STATE OF FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RENOVA ENTERPRISE 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 WEST 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
Name of Person at () 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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENOVA ENTERPRISE 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:

FLORALBA LOPEZ
6503 N. MILITARY TRAIL APT 3910
BOCA RATON, FL 33496

FLORALBA LOPEZ
6503 N. MILITARY TRAIL APT 3910
BOCA RATON, FL 33496

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:

FLORALBA LOPEZ
Name

6503 N. MILITARY TRAIL APT 3910
Florida street address (P.O. Box NOT acceptable)

BOCA RATON FL 33496
City State Zip

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MILITARY TRAIL APT 3910
BOCA RATON FL 33496
LLC

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.

[Handwritten Signature]
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

FLORALBA LOPEZ
6503 N. MILITARY TRAIL APT 3910
BOCA RATON, FL 33496

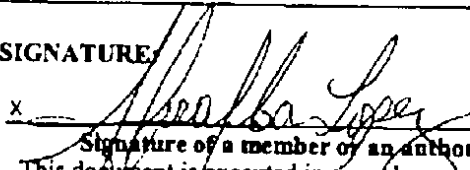
(Use attachment if necessary)

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 of 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.

FLORALBA LOPEZ
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)

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