

L23000051377

(Requestor's Name)

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(Address)

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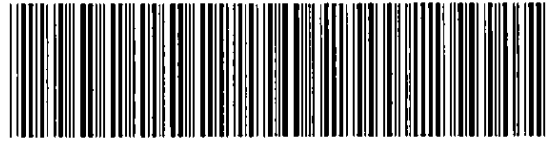
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Division of Corporations

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TALLAHASSEE

January 31, 2023

CAPITAL CONNECTION, INC.

SUBJECT: IVOCAPA LLC
Ref. Number: W23000012630

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 423A00002270

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IVOCAPA LLC

Signature _____

Requested by: SETH

01/26/23

Name

Date

Time

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112 Penders Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION FOR
IVOCAPA LLC

ARTICLE I – NAME:

The name of the Limited Liability Company is: IVOCAPA LLC

ARTICLE II – ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

255 Alhambra Circle
Suite 500C
Coral Gables, FL 33134

Mailing Address:

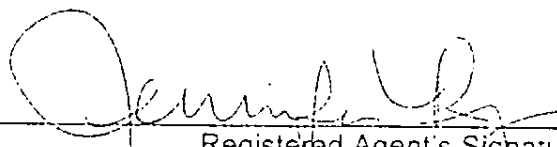
PO Box 104969
Coral Gables, FL 33134

ARTICLE III – REGISTERED AGENT:

The name and Florida street address of the registered agent are:

Ruz & Ruz PL
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

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

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TALLAHASSEE, FL

ARTICLE IV – AUTHORIZED PERSONS:

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

Title
MGR

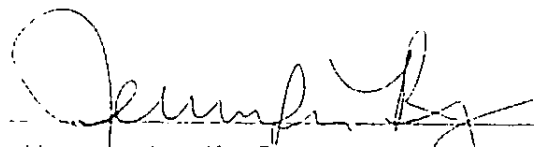
Name & Address
Armando de Jesús Palafox Padilla
PO Box 104969
Coral Gables, FL 33134

ARTICLE V – EFFECTIVE DATE:

The effective date of these Articles of Organization is the date of filing.

REQUIRED SIGNATURE:

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.


Name: Jennifer Ruz, Incorporator

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