

L23000 318481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

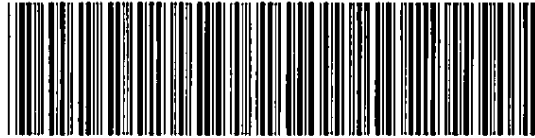
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/07/23--01001--024 \*\*20.00

07/07/23--01001--023 \*\*500.00



2023 JUL -7 AM 11:58

FILED  
2023 JUL -7 PM 1:06  
CLERK OF COURT  
HALL COUNTY, MISSISSIPPI

**COVER LETTER**

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

**SUBJECT: ACTIMACK 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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ACTIMACK 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:**

14231 SW 78 Street  
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.  
14231 SW 78 Street  
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)

**FILED**  
2023 JUL -7 PM 1:06  
SECRETARY OF  
STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV**

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

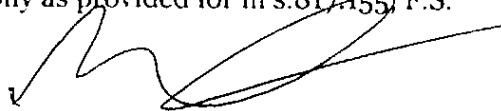
<b>Title:</b>	<b>Name and Address:</b>
"AMBR" = Authorized Member "MGR" = Manager "AR" = Authorized Representative	
MGR	Antonio De Jesus Rosales Aznar PO Box 830726 Miami, FL 33283
MGR	Octavio Mestre PO Box 830726 Miami, FL 33283

**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.



International Wealth Planning Solutions LLC

**FILED**  
2023 JUL -7 PM 1:06  
SECRETARY OF  
TALLAHASSEE, FLORIDA