

123000318691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

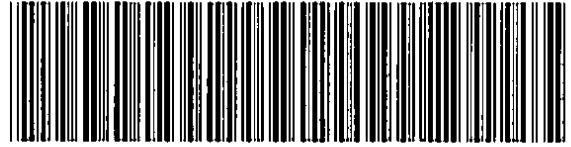
Certified Copies \_\_\_\_\_

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

Special Instructions to Filing Officer:

W23-92909

Office Use Only



800410874898

*CP*  
*7/11/23*

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

FILED

2023 JUL -6 AM 3:05

2023 JUL -7 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT: AR DEVELOPMENT PROJECTS 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:

☐ \$130.00  
Filing Fee &  
Certificate of Status  
(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 110  
Tallahassee, FL 32303

2023 JUL -6 AM 3:05  
TALLAHASSEE, FL  
SECRETARY OF STATE

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2023

MARIA CELESTE MESTRE  
PO BOX 830726  
MIAMI, FL 33283 US

SUBJECT: AR PROJECTS LLC  
Ref. Number: W23000092909

We have received your document for AR PROJECTS LLC and check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

The document number of the name conflict is P04000073104.

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.

Carlos E Rico  
Supervisor

Letter Number: 523A00015119

2023 JUL -6 AM 3:05

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUL -7 PM 12:56

RECEIVED

TALLAHASSEE, FLORIDA

**ARTICLES  
OF  
ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **AR DEVELOPMENT PROJECTS 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

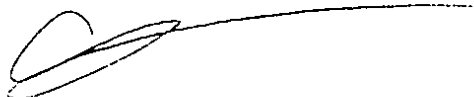
**Mailing Address:**

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)

2023 JUL -6 AM 3:05  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

#### ARTICLE IV

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

Title:	Name and Address:
"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:

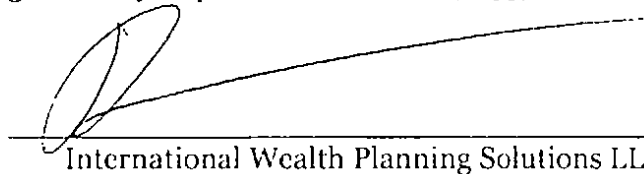
Effective date: Date of filing:

#### 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

2023 JUL -6 AM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED