

# L23000322893

## 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 : MRP BY WESTON INC  
Account Number : 120220000089  
Phone : (954)655-8412  
Fax Number : (954)655-8412

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SECRETARY OF STATE  
TALLAHASSEE, FL  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### FLORIDA LIMITED LIABILITY CO. INMOAGUIRRE LLC

RECEIVED  
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CORPORATIONS  
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Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INMOAGUIRRE LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGUIRRE POVEDA, ANSELMO L  
Name of Person  
Firm/Company  
6191 ORANGE DRIVE SUITE 6163G  
Address  
DAVIE, FL 33314  
City/State and Zip Code  
MELVASL@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL  
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For further information concerning this matter, please call:

MELVA SANCHEZ at (954) 655-8412  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fec
- \$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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLE IV-**

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

Title:  
"AMBR" - Authorized Member  
"MGR" = Manager  
AMBR

Name and Address:  
AGUIRRE POVEDA, ANSELMO L.  
6191 ORGANGE DRIVE SUITE 6163G  
DAVIE, FL 33314

AMBR

AGUIRRE AYORA, ANA P.  
6191 ORGANGE DRIVE SUITE 6163G  
DAVIE, FL 33314

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(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:**



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.

AGUIRRE POVEDA, ANSELMO L.  
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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