Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: MRP BY WESTON INC Account Name

Account Number : 120220000089 : (954)655-8412 Phone

Fax Number

: (954)655-8412

**Enter the email address for this business entity to be used for future \sim annual report mailings. Enter only one email address please.

Email	Address:						_
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FLORIDA LIMITED LIABILITY CO. INMOAGUIRRE LLC

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

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Corporate Filing Menu

Help

COVER LETTER

	New Filing Section Division of Corporations				
enn reze	INMOAGUIRRE LLC				
SUBJEC	Name of I	limited Liability Co.	mpany		
The cack	used Articles of Organization and fec(s)	are submitted for til	ling.		s 2
Please ret	turn all correspondence concerning this	matter to the follow	ing:		723 J
	AGUIRRE POVEDA, ANSELMO	.		AHA	;
		Name of Perso	n	SSEE.	1023 JUL -7 PH 8:21
		Firm/Compan	<u> </u>	7.7	B: ₂₁
	6191 ORANGE DRIVE SUITE 616	3G			`~
		Address			
	DAVIE, FL 33314				
	MELVASL@HOTMAIL.COM	City/State and Zip	Code		
	E-mail address: (to be us	ed for future annual	report notification)	
For further	r information concerning this matter, ple	asc call:			
	MELVA SANCHEZ	954 65:	5-8412		
	Name of Person		aytime Telephone N	lumber	
Enclosed	l is a check for the following amount:				
	Filing Fec \$130.00 Filing Fee & Certificate of Status	\$155,00 Fili Certified Co (additional cop	opy by is enclosed)	\$160.00 Filing For Certificate of Sta Certified Copy additional copy is	tus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tullaborage FL 32314	New Divis Clifts	et Address Filing Section sion of Corporation on Building Lixecutive Center 6		

H 23 000237 4083

Tallahassee, FL 32301

ARTICLE L. Names

H230002374083

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INMOAGUIRE (Must	E. I.LC contain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
	Contain the Works Chimes		,	
ARTICLE II - Address: The mailing address and str	reet address of the principal (office of the Limited Li	lability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
6191 ORGANO DAVIE , FL 33	JE DRIVE SUITE 6163G		DRGANGE DRIVE SUITE 61630 E , FL 33314	<u>) </u>
(The Limited Liability Con	d Agent, Registered Office, npany cannot serve as its own th an active Florida registrati	n Registered Agent, Yo	's Signature: ou must designate an individual or	2023 JUL SECRETA
The energy and the Placide s		rd agent are:	:	Ĺ₩, ⊱ °
The name and the Florida's	street address of the registere		:	JUL -
The name and the Florida s				-7 -7
The name and the Floridas	Street address of the registere AGUIRRE POVED	DA, ANSELMO L. Name	J. J	TAY OF
The name and the Florida's	AGUIRRE POVED 6191 ORGANGE F	DA, ANSELMO L.	eptable)	TAY OF
The name and the Florida s	AGUIRRE POVED 6191 ORGANGE F	DA, ANSELMO L. Name DRIVE SUITE 6163G	eptable)	-7 -7

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 diates, 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)

(CONTINUED)

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

"AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	AGUIRRE POVEDA, ANSELMO L.
	6191 ORGANGE DRIVE SUITE 6163G
	DAVIE, FL 33314
AMBR	AGUIRRE AYORA, ANA P.
	6191 ORGANGE DRIVE SUITE 6163G 💢 🔊
	DAVIE, FI. 33314
	1
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ffective date is listed, the date must be specific a cof filing.) If the date inserted in this block does not meet the	ig: (OPTIONAL) and cannot be more than five husiness days prior to or 90 da c applicable statutory filing requirements, this date will not be e's records
ffective date is listed, the date must be specific as a filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State (LE VI: Other provisions, if any.	c applicable statutory filing requirements, this date will not be e's records.
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ffective date is listed, the date must be specific a e of filing.) If the date inserted in this block does not meet the numerics effective date on the Department of State (LE VI: Other provisions, if any. REQUIRED SIGNATURE:	c applicable statutory filing requirements, this date will not be e's records.
ffective date is listed, the date must be specific a e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State (LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a large aware that any false infort	c applicable statutory filing requirements, this date will not be e's records.

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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