

11/16/23, 1:23 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L23000515985**

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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
 Account Number : I20190000020  
 Phone : (786)953-7449  
 Fax Number : (786)953-7450

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

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

2023 NOV 16 PM 3:45

**FLORIDA LIMITED LIABILITY CO.  
 IVETTUSA LLC**

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2023 NOV 16 PM 1:44

**FILED**

T.J.H.  
 11/17/23

Electronic Filing Menu Corporate Filing Menu

Help

**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

**Article I**

The name of the limited liability company is:  
**IVETTUSA LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**103 N 31 AVE  
HOLLYWOOD, FL. 33021**

The mailing address of the Limited Liability Company is:  
**103 N 31 AVE  
HOLLYWOOD, FL. 33021**

**Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**IVETTE RAMIREZ CONTRERAS  
103 N 31 AVE  
HOLLYWOOD, FL. 33021**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: \_\_\_\_\_

*(Handwritten Signature)*

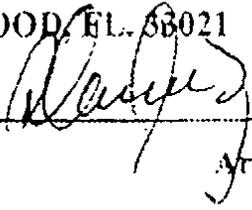
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STATE OF FLORIDA

**FILED**

Article V

The name and address of person(s) authorized to manage the LLC:

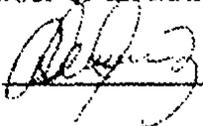
Title: AMBR  
IVETTE RAMIREZ CONTRERAS  
103 N 31 AVE  
HOLLYWOOD, FL 33021

Signature:  \_\_\_\_\_  
Article VI

The effective date of this Limited Liability Company Shall be:

11/16/2023

Signature of member or an authorized representative:

Signature:  \_\_\_\_\_

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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