

124000 489472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

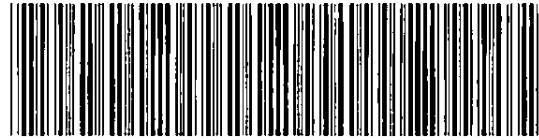
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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STATE
FEB 15 2024
TALLAHASSEE, FL

2024 NOV 21 AM 9:47

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STATE
FEB 15 2024
TALLAHASSEE, FL (900A)

2024 NOV 21 PM 4:28

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: ____\$125.00____

Authorization Signature: *[Signature]*

Inproava Capital LLC

Business Name

#Document

____ Walk in

____ Will wait

____ Certified Copies of the Articles of Incorporation

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
☒ LLC
____ Domestication
____ INC
____ CORP
____ OTHER

AMENDMENTS

____ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Statement of FACT
____ Merger

STATE
TALLAHASSEE, FL

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OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ CORRECTION for a Foreign LLC
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$ 125.00

Authorization Signature: 

Inproava Capital LLC

Business Name

#Document

☐ Walk in

☐ Will wait

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☐ Fictitious Name

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COUNTRY

REGISTRATION/QUALIFICATIONS

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☐ Reinstatement

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☐ Domestication of a Foreign Corp.

☐ _____ Other

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: INTROAVA CAPITAL LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO MANRIQUE

Name of Person

Firm/Company

556 W PALMAIRE DR

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

alejomanrique@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO MANRIQUE

954

4408494

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INPROVA CAPITAL 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:

556 W PALM AIRE DR
POMPANO BEACH, FL 33069

Mailing Address:

556 W PALM AIRE DR
POMPANO BEACH, FL 33069

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALEJANDRO MANRIQUE

Name

556 W PALM AIRE DR

Florida street address (P.O. Box **NOT** acceptable)

POMPANO BEACH FL 33069

City

State

Zip

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)

(CONTINUED)

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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

MGR

Name and Address:

IGOR PEREZ

556 W PALM AIRE DR

POMPANO BEACH, FL 33069

(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.

ALEJANDRO MANRIQUE

Typed or printed name of signer

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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