

LA000524917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

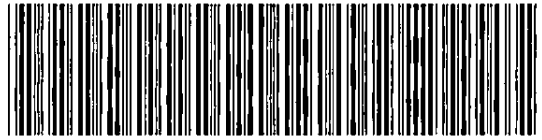
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/18/24--01028--001 \*\*180.00

SEC. 21-1  
DIVISION  
2024 DEC 18 PM 4:16

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IGEP Services LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Edwin Polanco

Name of Person

IGEP Services LLC

Firm/Company

1730 Delafield Drive

Address

Winter Garden, FL 34787

City/State and Zip Code

IGEPservices@gmail.com

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

For further information concerning this matter, please call:

Edwin Polanco

Name of Person

at 347

Area Code

740-2428

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

2024 DEC 18 PM 4:15  
STC  
Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IGEP Services 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:

1730 Delafield Drive  
Winter Garden, FL 34787

Mailing Address:

1730 Delafield Drive  
Winter Garden, FL 34787

**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:

Italia Isabel Gonzalez

Name

1630 Destiny Blvd Unit 102

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

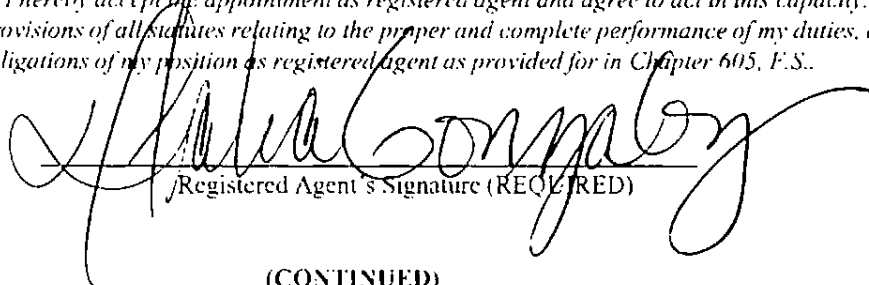
Kissimmee, FL 34741

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)

DIVISION OF REVENUE  
2024 DEC 18 PM 4:16

**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

AmBR

AmBR

MGR

**Name and Address:**

Italia Isabel Gonzalez  
1603 Destiny Blvd Unit 102  
Kissimmee, FL 34741

Edwin Polanco  
1730 Delafield Drive  
Winter Garden, FL 34787

Italia Isabel Gonzalez  
1603 Destiny Blvd Unit 102  
Kissimmee, FL 34741

Edwin Polanco  
1730 Delafield Drive  
Winter Garden, FL 34787

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:

11/28/2024

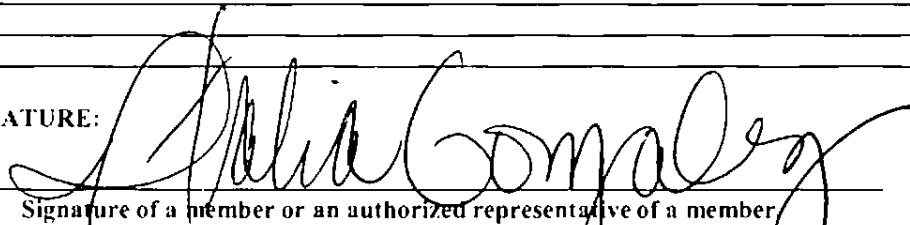
(OPTIONAL)

(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.

Italia Gonzalez

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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