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To:

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: (85e)617-6383 Fax Number

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Account Name : PLATINUM TAX FILING INC Account Number : IZ023000076

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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.

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Foreign Limited Liability Company

IDEAL HOUSE LLC

Certificate of Status	
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Help

To.

COVER LETTER

13054895914

TO: Registration Section Division of Corporations	
IDEAL HOUSE LLC	
	of Limited Liability Company
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to	the following:
DARWIN SANCHEZ	
	Name of Person
ASLAN AFFILIATES LLC	
	Firm/Company
1770 W FLAGLER STREET STE 5	
	Address
MIAMI, FI. 33135	
Ci	ity/State and Zip Code
DARWIN@ASLANTAXSERVICE.CO	М
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call	l:
DARWIN SANCHEZ	at (at (305)644-9144
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP. ☐ \$125.00 Filing Fee	ARTMENT OF STATE 2 & S160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

L. IDEAL HOUSE LLC	Lumied Liability Company, must include "Limite	d Liability Con	many.""L.L.C., or "ELC")			
IDEAL HOUSE DE LLC			1			
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. Die altern	ne name must include "Limited Liability (Company," "L. t,	C." or "I (· ")
DELAWARE			5041915			
Durisdiction under the law of w	high foreign limited liability company is organized)	3, (FFI number, ii		plicablet		
04/09/2025						
.1.	(Date first transacted business in Horida, it prior to (See sections 005 0004 & 605 0005 F.S. to determ	registration) ine penalty liabili	iýt			
		177 6	70 W FLAGLER STREET			
(Street Address of Principal Office)		·	(Marling Address)			
STE 5		STE	5			
MIAMI, FLORIDA 33	135	ML/	AMI, FLORIDA 33135			
		-				
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	25 25 25	1043 APR 23	
					APR	23.4mg
Name:	ASLAN AFFILIATES LLC			35 (S) 25 (S)	23	Carried Street
Office Address:	1770 W FLAGLER STREET STE 5		~~		PH 4:4	
	MIAMI	33135 , Florida		<u> </u>	. F	
	(City)		(App code)			
designated in this applicate to comply with the provis	stance: egistered agent and to accept service of tion, I hereby accept the appointment o ions of all statutes relative to the proper s of my position as registered agent.	is registered	agent and agree to act in thi	s capacity.	l furthe.	r agrae
	MOSHE ZEV WOLCOWI		hataldantz	-		

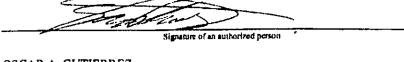
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

13054895914

Title or Capacity: □ Manager ■ Member □ Authorized Person AMBR	Name: OSCAR A. GUTTERREZ Address: 1770 W FLAGLER STREET STE 5 MIAMI, FLORIDA 33135	Title or Capacity: Manager Member Authorized Person Other AMBR	Name: MONICA AGUACIA RINCON Address: 1770 W PLAGLER STREET STE 5 MIAMI, FLORIDA 33135
⊞Other	Other	Other	UUtier
☐ Manager	Name:	□ Manager □ Member	Name:
□Authorized		☐ Authorized	
Person		Person	
Other	Other	□ouici	
☐ Manager ☐ Member	Name:	□Manager □Member	Name:Address:
— ;	, britter and .	□ Authorized	
Authorized		Authorized	
Person	44,44	Person	
□ Other	[]Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.



OSCAR A. GUTIERREZ



13054895914

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IDEAL HOUSE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IDEAL HOUSE LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Charuni Patibanda-Sanchez, Secretary of State Authentication: 203095081

C. G. Sanchen

Date: 03-06-25