

To:

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To:

Division of Corporations
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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	1
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDEAL HOUSE LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above 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, FL 33135
City/State and Zip Code
DARWIN@ASLANTAXSERVICE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARWIN SANCHEZ 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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.006, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. IDEAL HOUSE LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

IDEAL HOUSE DE LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. DELAWARE 3. 36-5041915
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 04/09/2025
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1770 W FLAGLER STREET 6. 1770 W FLAGLER STREET
(Street Address of Principal Office) (Mailing Address)
STE 5 STE 5
MIAMI, FLORIDA 33135 MIAMI, FLORIDA 33135

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ASLAN AFFILIATES LLC
Office Address: 1770 W FLAGLER STREET STE 5
MIAMI 33135
Florida
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MOSHE ZEV WOLCOWITZ

(Registered agent's signature)

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TALLAHASSEE, FL
SECRETARY OF REVENUE

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):

Title or Capacity: **Name and Address:**
☐ Manager Name: OSCAR A. GUTIERREZ
☒ Member Address: 1770 W FLAGLER STREET
☐ Authorized STE 5
 Person MIAMI, FLORIDA 33135
☒ Other AMBR ☐ Other

Title or Capacity: **Name and Address:**
☐ Manager Name: MONICA AGUACIA RINCON
☒ Member Address: 1770 W FLAGLER STREET
☐ Authorized STE 5
 Person MIAMI, FLORIDA 33135
☒ Other AMBR ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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.


 Signature of an authorized person

OSCAR A. GUTIERREZ

Typed or printed name of signer

Delaware

The First State

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.



7093844 8300

SR# 20250944903

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203095081

Date: 03-06-25