

L18000003278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

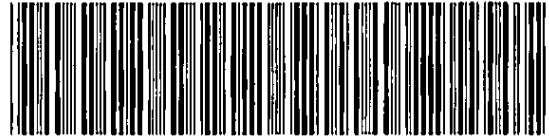
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
JAN 05 2018



600307437556

01/05/18--01006--005 **155.00

RECEIVED
2018 JAN -5 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JAN -5 PM 2:11



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

18 JAN -5 PM 2:21

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. SP Zoe Metal LLC
(CORPORATE NAME) (DOCUMENT #)
2. _____
(CORPORATE NAME) (DOCUMENT #)
3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SP ZOE METAL 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:

Mailing Address:

3492 W 84 STREET

104

HIALEAH, FL 33018

8600 SW 109 AVE

APT 215

MIAMI, FL 33173

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:

CLAUDIA P. RODRIGUEZ

Name

3492 W 84 STREET # 104

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

HIALEAH

FLORIDA

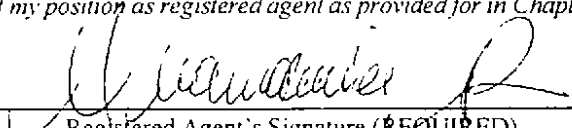
33018

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)

18 JUN -5 PM 2:21

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR,MGR

Name and Address:

CLAUDIA P. RODRIGUEZ

3492 W 84 STREET # 104

HIALEAH, FL 33018

AMBR,MGR

SELIN A. RODRIGUEZ DIAZ

3492 W 84 STREET # 104

HIALEAH, FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 3, 2018 (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.)

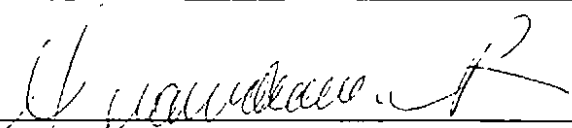
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

CLAUDIA P. RODRIGUEZ - 50 % SHARES

SELIN A. RODRIGUEZ - 50 % SHARES

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.

CLAUDIA P. RODRIGUEZ

Typed or printed name of signee

18 JAN -5 PM 2:21