

L190000071927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

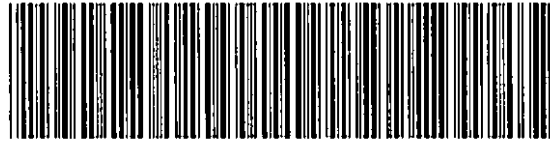
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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CAB STEEL, 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:

FELIX M. CACERES II, ESQ.

Name of Person

FELIX M. CACERES II, P.A.

Firm/Company

1035 SW 87 AVENUE

Address

MIAMI, FL 33174

City/State and Zip Code

FELIX@CACERESLAW.COM

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

For further information concerning this matter, please call:

FELIX M. CACERES II

305

975-8501

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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:

JUAN SOLER CABALLOL

1358 NW 33RD STREET

MIAMI, FLORIDA 33142

MGR

CARLOS E. ALVAREZ

17070 SW 36 COURT

MIRAMAR, FL 33027

(Use attachment if necessary)

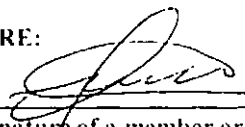
ARTICLE V: Effective date, if other than the date of filing: 3/12/2019 (OPTIONAL)

(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.

JUAN SOLER

Typed or printed name of signee

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)

STATE
OF
FLORIDA

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RECEIVED
MAR 13 2019