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To:

Division of Corporations

Fax Number

: (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

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Email	Address:		

FLORIDA LIMITED LIABILITY CO. A&A ALL METAL WORK DESIGN LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASA All METAL WOIK Design LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
3718 NW 50 st Niami f/ 33142
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another musiness entity with an active Florida registration.)
AUGUSTO CESAR MARTINEZ
3718 NW 50 et. miami F1 33142
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
ANA Lecilia Alvarado (AMER)
AUGUSTO CESAR MARTINEZ (M'GIZ)
2020 SECR ALA)
ASSET SEE
FO 7 L
Page 1

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Avgus to Martinez
Typed or printed name of signee

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 herely 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 ager:: as provided for in Chapter 605, F.S..

(prefer her Z) 2

Registered Agent's Signature (REQUIRED)