

221000201071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

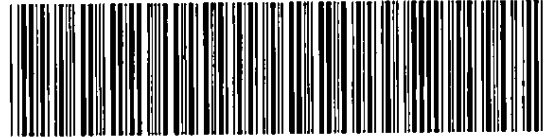
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/21--01002--007 *125.00

2021 MAY -7 PM 1:09
FALL AHASSSE - FLORID

RECEIVED
2021 MAY -7 AM 9:54
SECRETARY OF STATE
FALL AHASSSE - FLORID

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. AZEMETAL LLC

Name

Document Number (if known)

☒ Walk in

☐ Will wait

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ INC

☐ OTHER - Corp

AMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Reinstatement

☐ CORRECTION for a Foreign LLC

☐ Trademark

☐ Other

EXAMINER'S INITIALS:

2021 MAY -7 PM 1:09

COVER LETTER

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

AZEMETAL LLC

SUBJECT: _____
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:

Martin Delloca

Name of Person

Mdell Consulting Corp

Firm/Company

777 Brickell Ave Ste 500-49

Address

Miami, FL 33131

City/State and Zip Code

mdelloca@mdellconsulting.com

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

2021 MAY -7 PM 1:09

For further information concerning this matter, please call:

Martin Delloca

305

607-3493

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AZEMETAL 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:

777 Brickell Ave
Ste 500-49
Miami, FL 33131

777 Brickell Ave
Ste 500-49
Miami, FL 33131

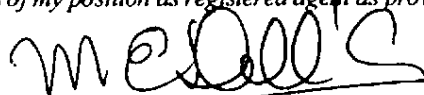
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

BLUEMAX PARTNERS CORP
Name
777 Brickell Ave Ste 500-49
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33131
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)

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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

Name and Address:

MGR

ALBERTO FRIDMAN

777 BRICKELL AVE STE 500-49

MIAMI, FL 33131

MGR

MARTIN E. DELLOCA

777 BRICKELL AVE STE 500-49

MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Martin Delloca

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)

2021 MAY -7 PM 1:00