

**L21000316372**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA  
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Phone : (305)442-3334  
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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.\*\*

Email Address: Rivera@SiegfriedRivera.com

FLORIDA LIMITED LIABILITY CO.  
PWOOD LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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2021 JUL -9 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUL -9 AM 10:03

FILED



July 9, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OSCAR R. RIVERA, ESQ.

SUBJECT: PWOOD LLC  
REF: W21000098292

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Registered agent and member must sign.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H21000260882  
Letter Number: 021A00015711

[H21000260882 3]

**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: PWOOD 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:

Oscar R. Rivera, Esq.  
Siegfried Rivera  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@siegfriedrivera.com](mailto:orivera@siegfriedrivera.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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## ARTICLE I -- NAME:

The name of the Limited Liability Company is: PWOOD LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLE II -- ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:7301 S.W. 57<sup>th</sup> Court, Suite 520  
South Miami, Florida 33143Mailing Address:7301 S.W. 57<sup>th</sup> Court, Suite 520  
South Miami, Florida 33143

## ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE, &amp; REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

*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.*

BY: Oscar R. Rivera  
Oscar R. Rivera, Registered Agent  
Florida Bar No.: 329193

## ARTICLE IV -- MANAGER/DIRECTORS

Title:Name and Address

MGR

Angel Veliz  
7301 S.W. 57<sup>th</sup> Court, Suite 520  
South Miami, Florida 33143

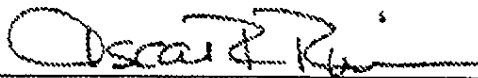
MGR

Rene Veliz  
7301 S.W. 57<sup>th</sup> Court, Suite 520  
South Miami, Florida 33143

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REQUIRED SIGNATURE:

By:   
\_\_\_\_\_  
Signature of a member or 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.)

\_\_\_\_\_  
OSCAR R. RIVERA  
Type or printed name of signee

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