

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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**FLORIDA LIMITED LIABILITY CO.
METOWEST WM LLC**

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July 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OSCAR R. RIVERA, ESQ.

SUBJECT: METOWEST WM LLC
REF: W21000098260

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.,

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000260895
Letter Number: 021A00015707

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COVER LETTER

TO: Registration Department
Division of Corporations

SUBJECT: METOWEST WM 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

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: **METOWEST WM LLC**

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. 57th Court, Suite 520
South Miami, Florida 33143

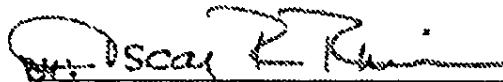
Mailing Address:

7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & 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.



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

ARTICLE IV – MANAGER/DIRECTORS**Title:****Name and Address**

MGR

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

MGR

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

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REQUIRED SIGNATURE:

BY: Oscar R. Rivera
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.5.)

OSCAR R. RIVERA
Type or printed name of signee

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