

3/2/22, 11:58 AM

Division of Corporations

L220000798343ABC2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
METAL WELDING KING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

MAR - 3 2022

FILED

22 MAR -2 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ASLAW TAX SERVICES INC

SUBJECT: METAL WELDING KING LLC
REF: W22000026555

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.

Name in article 1 and cover letter must match.,

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H22000071376
Letter Number: 322A00005091

FILED**22 MAR -2 AM 8:17****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****COVER LETTER****TO: New Filing Section
Division of Corporations****SUBJECT: METAL WELDING KING 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:

ELVIS DIAZ

Name of Person

ASLAN TAX SERVICE INC

Firm/Company

1770 W FLAGLER STREET STE 5

Address

MIAMI FL 33135

City/State and Zip Code

ELVIS@ASLANTAXSERVICE.COM

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

For further information concerning this matter, please call:

ELVIS DIAZ

305

644-9144

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

FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

METAL WELDING KING LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

22 MAR -2 AM 8:17**SECRETARY OF STATE
TALLAHASSEE, FL 32399****ARTICLE II - Address:**

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

Principal Office Address:1045 10TH STREET APT 405
MIAMI BEACH FL 33139Mailing Address:1045 10TH STREET APT 405
MIAMI BEACH FL 33139**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:

ELIAS FERNANDEZ

Name

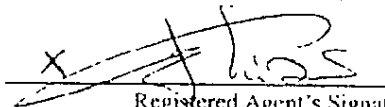
1045 10TH STREET APT 405Florida street address (P.O. Box **NOT** acceptable)MIAMI BEACH FL 33139

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)

FILED**ARTICLE IV-**The name and address of each person authorized to manage and control the Limited Liability Company: **22 MAR -2 AM 8:17**Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:SECRETARY OF STATE
TALLAHASSEE, FLORIDAAMBRELIAS FERNANDEZ
1045 10TH STREET APT 405
MIAMI BEACH FL 33139MGRSANDRA YVETTE DOURAI
1045 10TH STREET APT 405
MIAMI BEACH FL 33139

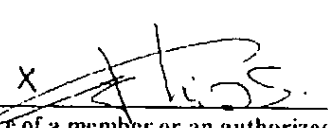
(Use attachment if necessary)

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.ELIAS FERNANDEZ_____
Typed or printed name of signer**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)