

11/11/22, 11:23 AM

L22000482026
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000386049 3)))



H220003860493ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : TAX S PRO CORP
 Account Number : I20200000147
 Phone : (786)307-2733
 Fax Number : (954)420-7118

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

Email Address: INFO @TAXS PRO. COM.

**FLORIDA LIMITED LIABILITY CO.
 METAFEED LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2022 11 14 11:28:09

22 NOV 14 PM 12:35

24

COVER LETTER

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

SUBJECT: METAFEED 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:

ANWAR I PUELLO

Name of Person

TAX S PRO CORP

Firm/Company

8030 PINES BLVD

Address

PEMBROKE PINES FL 33024

City/State and Zip Code

INFO@TAXSPRO.COM

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

For further information concerning this matter, please call:

ANWAR I PUELLO

786

307-2733

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

22 NOV 16 PM 12:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METAFEED 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:

4163 NW 135 ST
OPA LOCKA, FL 33054

4163 NW 135 ST
OPA LOCKA, FL 33054

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:

TAX S PRO CORP

Name

8030 PINES BLVD

Florida street address (P.O. Box **NOT** acceptable)

<u>PEMBROKE PINES</u>	<u>FL</u>	<u>33024</u>
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)

22 NOV 14 PM 12:35
TAX S PRO CORP

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:

AMBR

ALVAREZ, NEIVER

4163 NW 135 ST

OPA LOCKA, FL 33024

AMBR

PICHACO, OSVALDO

4163 NW 135 ST

OPA LOCKA, FL 33054

AMBR

PUELLO, ANWAR

4163 NW 135 ST

OPA LOCKA, FL 33054

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/11/2022. (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:

NEIVER ALVAREZ.

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.

NEIVER ALVAREZ

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)

22 NOV 14 PM 12:35