4/20/23, 10:58 AM



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230001476163)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CESPEDES CPA. INC

Account Number : 120220000109 Phone : (786)452-4615 Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

## FLORIDA LIMITED LIABILITY CO. METAWORLD SUPPLIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

### (((H23000147616 3)))

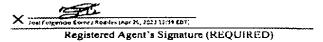
#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

METAW	ORLD SUPPLIES LLC
(Must contain the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
TICLE II - Address:  e malling address and street address of the principal of	ffice of the Limited Liability Company is:  Mailing Address:
Principal Office Address:	
Principal Office Address: 8390 NW 103RD ST	8390 NW 103RD ST
### Principal Office Address:  ### 8390 NW 103RD ST  APT 106	<del></del>

The name and the Florida street address of the registered agent are:

JOEL F. GOME	Z RODILES	
Nam	c	
8390 NW 103RD	ST APT 106	i
Florida street address (P.O. Box ]	YOT acceptable	c)
HIALEAH GARDENS	FL	33016
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..



(CONTINUED)



### (((H23000147616 3)))

		_	Name and Address:	
	' = Authorized N = Manager	Aember		
	AMBR		JOEL F. GOMEZ RODILES	
******			8390 NW 103RD ST APT 106	
			HIALEAH GARDENS FL 33016	
AMBR	ENRIQUE DE CASTRO			
	8360 NW 103RD ST APT 201			
			HIALEAH GARDENS FL 33016	
			***************************************	
(I lan assuut	hment if necessi			
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LEV: Effec	tive date, if other	er than the date of	filing: (OPTIONAL)	
LE V: Effective date of filing.)	tive date, if other	er than the date of ite must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days a	ifter
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