

L241000331059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

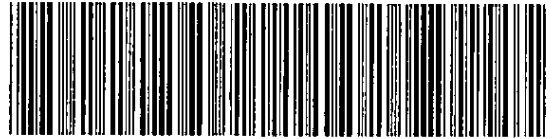
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 JUL 31 AM 9:47  
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ALLAHASSEE, FL

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2024 JUL 31 PM 2:27  
ALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Metallurgical Industrial Services LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

IWPS  
PO Box 830726  
Miami, FL 33283  
admin@iwps-latam.com

For further information concerning this matter, please call:  
Maria Celeste Mestre at 305-408-9790

Enclosed is a check for the following amount:

<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status
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**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

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TALLAHASSEE, FL

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Metallurgical Industrial Services LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

14231 SW 78 Street  
Miami, FL 33183

**Mailing Address:**

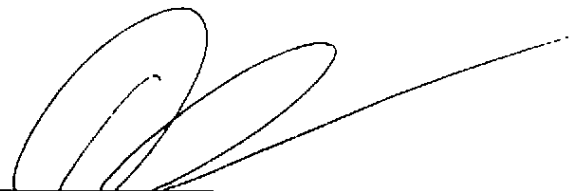
PO Box 830726  
Miami, FL 33283

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

CA Corporate Services Inc.  
14231 SW 78 Street  
Miami, FL 33183

*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.*

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2024 JUL 31 AM 11:47  
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Registered Agent's Signature (REQUIRED)

**ARTICLE IV**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager "AR" = Authorized Representative	
MGR	Octavio Mestre PO Box 830726 Miami, FL 33283

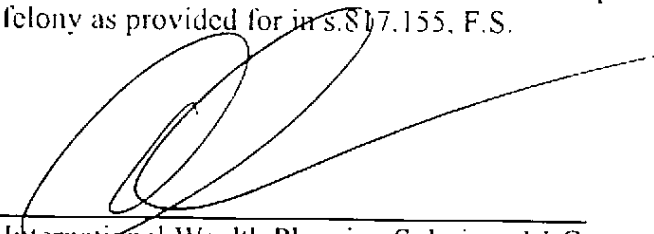
**ARTICLE V:**

Effective date: Date of filing.

**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.

  
International Wealth Planning Solutions LLC

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JUL 31 2024  
TALLAHASSEE, FL

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