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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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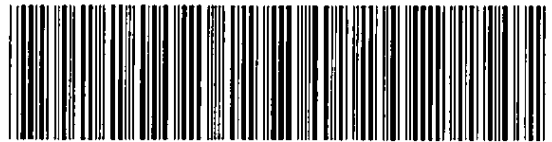
(Business Entity Name)

(Document Number)

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T. LEMIEUX

FEB 21 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: W2E Solutions LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alfredo Ocasio, Esq.

Name of Person

Ocasio Perez Law Offices

Firm/Company

P.O. Box 99

Address

Mayaguez, PR 00681-0099

City/State and Zip Code

w2esolutionsllcmayaguez@gmail.com

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

For further information concerning this matter, please call:

Alfredo Ocasio

787

235-4890

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. W2E Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Commonwealth of Puerto Rico
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. Not yet.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 159 S. Ramon E. Betances St.
(Street Address of Principal Office)

6. P.O. Box 99
(Mailing Address)

Mayaguez, PR 0060
Mayaguez, PR 00681-0099

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Miss Alyssa M. Ocasio

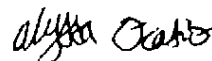
Office Address: 9320 SW 21st St.

Miami, Florida 33165
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Alfredo Ocasio

☐ Member Address: P.O. Box 99

☐ Authorized Mayaguez, PR 00681-0099

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Ramon Arbona

☐ Member Address: 11 Amatista St.

☐ Authorized Urb. Vista Verde

Person Mayaguez, PR 00682-2521

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

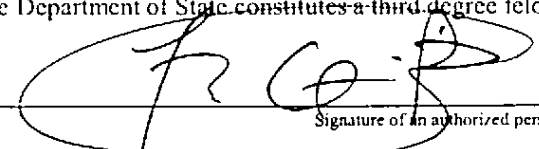
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

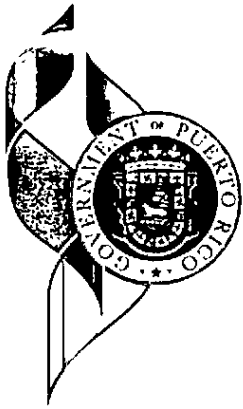
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Alfredo Ocasio, Esq.

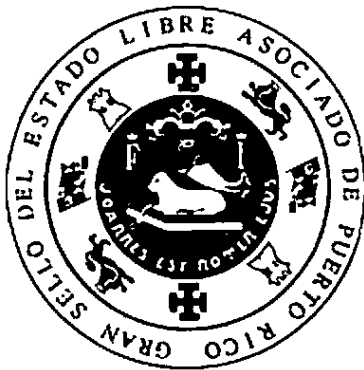
Typed or printed name of signee



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **W2E SOLUTIONS LLC**, register number **435589**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **October 28, 2019**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **December 28, 2023**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to:

<https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **619285-74812854**

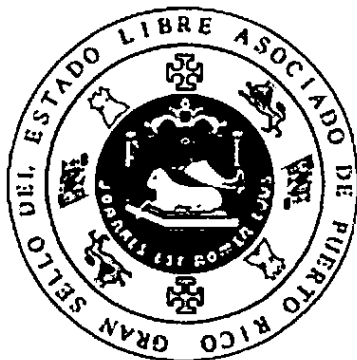


Government of Puerto Rico

CERTIFICATE OF ORGANIZATION

I, **MARÍA A. MARCANO DE LEÓN**, Under Secretary of State of the Government of Puerto Rico;

CERTIFY: That **W2E SOLUTIONS LLC**, register number **435589**, is a **Domestic Limited Liability Company For Profit** organized under the laws of Puerto Rico on this **28th of October, 2019** at **12:25 PM**.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **October 28, 2019**.

A handwritten signature in black ink, reading "María A. Marcana de León".

MARÍA A. MARCANO DE LEÓN
Under Secretary of State



Government of Puerto Rico
Department of State

Transaction Date: 28-Oct-2019
Register No: 435589
Order No: 1702667

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: **W2E SOLUTIONS LLC**
Desired term for the entity name is: **LLC**

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Mailing Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Phone **(787) 321-8081**

The name, street and mailing address of the Resident Agent in charge of said office is:

Name **ARBONA GARCIA, RAMON M**
Street Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Mailing Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Email **rmag428@gmail.com**
Phone **(787) 321-8081**

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

ADMINISTRACION Y OPERACION DE PLANTAS DE RECICLAJE Y, LLEVAR A CABO CUALQUIER NEGOCIO RELACIONADO CON ESTE Y/O CUALQUIER OTRO NEGOCIO O EMPRESA QUE SEAN LICITOS BAJO EL ESTADO LIBRE ASOCIADO DE PUERTO RICO, CONFORME A LA LEY DE CORPORACIONES, SEGUN ENMENDADA. LA CORPORACION CONTRATARA EL PERSONAL LICENCIADO PARA OFRECER ESTOS SERVICIOS.

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name **ARBONA GARCIA, RAMON M**
Street Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Mailing Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Email **rmag428@gmail.com**

Name **NAVAS MARIN, JOSE M**
Street Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Mailing Address **550 CALLE NAVAMAR, MAYAGUEZ, PR, 00680**
Email **jmnnavas7@gmail.com**

WESTERN DEVELOPMENT LLC

Domestic Limited Liability Company

Email **rmag428@gmail.com**

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name	NAVAS MARIN, JOSE M
Title	President
Street Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Mailing Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Email	jmnnavas7@gmail.com
Expiration Date	Indefinite

Name	ARBONA GARCIA, CARLOS J
Title	Secretary
Street Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Mailing Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Email	rmag428@gmail.com
Expiration Date	Indefinite

Name	JUARBE PEREZ, JAVIER
Title	Vice president
Street Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Mailing Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Email	javierjuarbe@gmail.com
Expiration Date	Indefinite

Name	ARBONA GARCIA, RAMON M
Title	Treasurer
Street Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Mailing Address	550 NAVAMAR, MAYAGUEZ, PR, 00680
Email	rmag428@gmail.com
Expiration Date	Indefinite

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

The date from which the entity will be effective is: **24-Oct-2019**

Supporting Documents

Document

Date Issued

W2E SOLUTIONS LLC

Domestic Limited Liability Company

STATEMENT UNDER PENALTY OF PERJURY

IN WITNESS WHEREOF, I/We ARBONA GARCIA, RAMON M, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true. This 28th day of October, 2019.