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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 358-7832

AL

LIMITED LIABILITY COMPANY

EMPIRE CARE SUPPLY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

EMPIRE CORE SUPPLY, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 1141 SW 85 TERRACE

City, State & Zip: PEMBROKE PINES, FLORIDA 33025

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:

CHRISTINE ENGELS
Name

296 ANCHOR RD. #400
Address (P.O. Box NOT Acceptable)

CASSELBERRY, FLORIDA 32707
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 608, F.S.

Christine Engels

Registered Agent's Signature

10/26/01
Date

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Christine Engels

Signature of a member or an authorized representative of a member.
In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CHRISTINE ENGELS
Typed or printed name of signee

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Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-2571

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