# Florida Department of State

Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: M. BURR KEIM COMPANY

Account Number: I19990000242

Phone

: (215)563-8113

Fax Number

: (215)977-9386

# LIMITED LIABILITY COMPA

# LAROVO STAINLESS SCRAP PROCESSING,

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LAROVO STAINLESS SCRAP PROCESSING, L.L.C.

### ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2103 NW 53rd Street	2103 NW 53rd Street
Boca Raton, FL 33495	Boca Raton, FL 33496

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

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

Name

2103 NW 53rd Street

Plorida street address (P.O. Box NOT acceptable)

Boca Raton pt. 33496

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited in 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...

Registered Agent's Signature

(CONTINUED)

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### ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Robert Krasnov
	2103 NW 53rd Street
	Soca Raton, FL 33498
•	
(Use attachment if necessary)	
NOTE: An additional article must l	se added if an effective date is requested.
REQUIRED SIGNATURE:	
100	MORUN /
Signature of a memb	er or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Krasnov
Typed or printed name of signes

Filing Fees: \$100.00 Filing Fcc for Articles of Organization \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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