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Florida Department of State Division of Corporations

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To

Division of Comporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001,002335 Phone: (305)599-0839 Fax Number: (305)716-0346

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LIMITED LIABILITY COMPANY

CARBO LLC

Certificate of Status	опти опункцияли при в при опункция опункция опункция опункция опункция опункция опункция опункция опункция опун Опункция опункция оп
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ARTICLES OF INCORPORATION FOR FLORIDA LIMITED LIABILITY COMPANY OF CARBO LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

CARBO LLC

ARTICLE II - ADDRESS

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

1331 Brickell Bay Drive #803 Miami, Florida 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Andre Fabris Lopes
1331 Brickell Bay Drive #803
Miami, FL 33131

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this full 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

Andre Fabris Lopea

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a manager and the name and address of the manager is:

1331 Brickell Bay	Office #803	
Marni, FL 33131	- /	
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SIGNATURE OF	Salesholt of street	shorted representative of a member.
(in accordance w	ith section 808,498	5(3), Florida Statutes, the execution of this
document constitu	ites an affirmation:	under the pensities of perjury that the fact
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