Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PADRO AND COMPANY, P.A.

Account Number : I20050000094

Phone : (305)500-9361 Fax Number : (305)500-9492

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Aluminart Trading, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: ALUM	Name of Limite	LLC d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	or to the following:	
Raquel R			
• •	(Name of Person)	
Padro & 0	Company, P.A.		
•		Firm/Company)	
8325 NV	/ 53 ST , Suite 1	02	
		(Address)	
Miami, F	L 33166		. •
	(City	/State and Zip Code)	**************************************
For further information	concerning this matter, please	call:	
Raquel Rodrig	uez	at (305) 500-930 (Aros Code & Daytime To	61
(Name	of Person)	(Aroa Code & Daytime To	cisphone Number)
Enclosed is a check for	or the following amount:		
S125.00 Filing Fcc	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassec, FL 32301	ns

07 APR -2 AM 11: OE ECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ΕI	-N	ame:
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The name of the Limited Liability Company is:

ALUMINART TRADING, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:	,	٠.,
10310 NW 55 ST		10310 NW NW 55 ST	·	
Sunrise, FL 33351	, , , , ,	Sunrise, FL 33351		- ک

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jose F. I	Padro ·
	Name _,
8325 N	W 53 St, Suite 102
	Florida street address (P.O. Box NOT acceptable
Miami	FL_ 33166
	City, State, and Zip

Having heen 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

(H07000084622'3)

ARTICL	R IV.	Manageri	(e) or	Managing	Member	(s):
MILLUM	44 T T T	' MIANAECKI		TITIOTHERSONE	TATATATA CONTRACTOR	

The name and address of each Manager or Managing Member is as follows:

<u>Tit</u> "M	<u>:le:</u> GR" = Manager			Name and Address:			
"M	[GRM" = Manag	ing Member		•			
Mo	GRM - 50%			Rogelio Sanchez Odriozola			
		•		10310 NW 55 ST		_	
				Sunsrise, FL 33351		<u>-</u>	
M	GRM - 25%			Juan Carlos Garcia Maass			
<u> —</u>				10310 NW 55 ST		_	
13		·		Sunsrise, FL 33351		_	
Mo	SRM - 25%	•				- .	
<u>ivic</u>	JITIVI - 25 76			Jorge Ignacio Herrera Fernandez 10310 NW 55 ST		-	
				Sunsrise, FL 33351		- .	-
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(Us	se attachment if I	necessary)		Free Way Company	•		:
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-0 -1 -0	y 		٨	Λ.	•		
<u>re</u>	OUIRED SIGN	NATURE:					
-							

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.)

Typed or printed name of signee

APR -2 AMII: CRETARY OF STA

Jorge Ignacio Herrera Fernandez