

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone Fax Number

: (305)634-3694 : (305)633-9696

LORIDA/FOREIGN LIMITED LIABILITY CO.

ceramic industrial services, llc

Certificate of Status	" o de augustation de la la	
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Certified Copy		1
Page Count		03
Estimated Charge	•	\$155.00

Electronic Filing Menu

Corporate Filing Menu

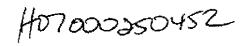
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Еł	- 1	2 D)	C:
The name	of	the	T.ir	ni

The name of the Limited Liability Company is:

Ceramic Industrial Servi	ices, LLC
(Must end with the words	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

114B Ponce De Leon Blvd.	1148 Ponce De Leon Blvd.
Coral Gables, FL 33135	Coral Gables, FL 33135

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

another C

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

Francisco J. Ortega

114B Ponce De Leon Blvd.

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

Coral Gables, FL 33135

City, State, and 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..

Registered Agent's Signature (REQUIRED)

(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:

MGRM	Luis Alejandro Aldariz 1148 Ponce De Leon Blvd.	
	Coral Gables, FL 33135	
	. ==	
	_	
Use attachment if necessary)		
•	n the date of filing: (OPTION and the specific and cannot be more than five business dates that the second cannot be more than five business dates the second cannot be more than the second canno	

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 penaltics of perjury that the facts stated herein are true.)

<u>Luis Alejandro Aldariz</u>

Typed or printed name of signee

Filing Feer:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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