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EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Interpiping Co., LLC	
	ited Liability Company)
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
Saliush Szwarcsztejn	
(Na	me of Person)
(Fir	rm/Company)
4928 Hollywood Blvd, Apt.:	2
(Address)	
Hollywood, FI 33021	(Address)
	ate and Zip Code)
For further information concerning this matter, ple	ate and Zip Code) ase call:
Saliush Szwarcsztejn	at (954) 644-2551
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$\$130.00 \text{ Filing Fee & Certificate of }\$	\$155.00 Filing Fee & \$\subset\$

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Interpiping Co., LLC	
(Must end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4928 Hollywood Bivd	4928 Hollywood Blvd
Suite 2	Suite 2
Hollywood, FI 33021	Hollywood, Fl 33021
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
	سسب زر
Saliush Szwarcszte	<u>In</u>
Nam	e Sim of
4928 Hollywood Blv	vd, Suite 2
Florida street a	ddress (P.O. Box NOT acceptable)
Hollywood, FI 3302	1 _{FL}
City, State	19
Having been named as registered agent and to	accept service of process for the above stated limited

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) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	Yamil Chamoun Castillo	
	Eugenio Espejo Mz1 SI23	
	Quito, Ecuador	
MGRM	Ari Arauz	<u></u> [
	8205 Lake Dr. # 303	
	Doral FI 331666	2-72
MGRM	Saliush Szwarcsztejn	788 788
	4928 Hollywood Blvd. # 2	(30
	Hollywood, Fl 33021	
N/A		927
The second second	***	
		
Use attachment if necessary)		
LE V: Effective date, if other th	on the date of filing:	PTION

REQUIRED SIGNATURE:

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.)

Saliush Szwarcsztejn

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)