#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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# FLORIDA LIMITED LIABILITY CO. REFRACTORY & COATINGS LLC

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March 15, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: REFRACTORY & COATINGS, LLC

REF: W10000012722

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verfiy the city for the Registered Agents address. Is it Dorol, T?

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000056592 Letter Number: 910A00006267

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SECRETARY CF. STATE

## H10000056592

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company  REFEACTORY & Con	HINIOS LLC			
(Must end with the words "Limited Li  ARTICLE II - Address:	stilley Company, "LL.C." or "LLC.")			
	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5521 NW 112 AVE	"SALE"			
Suite 107 MANT, FLORIDA 32198				
	red Office, & Registered Agent's Signature: egistered Agent. You must dealgonte an individual or another of the replatered agent are:			
The name and the Panada street modess of the	- C			
<u> </u>	E KOULEU A			
	6 st Sylle C-101 RAT 89 89 89 80 800 800 800 800 800 800 800			
DORA City, Sta	FL 33172 ic, and Zip			
liability company at the place designated.	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as			

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 (REOLIRED)

(CONTINUED) Page 1 of 2

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## H10000056592

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

<u> 1200:</u> "MGR" = Manag	er ·	Name and Address:		
"MGRM" = Mana				
MORL	<del>-</del>	SOTE INT LIANT FL		Q
MGRM	_	ALFONSO I DIAME 5521 NW 1/2 AVE SUTE 107 WINNET	_	Q
MGRU	<u>-</u>	1 UIVAN HERMANDE 5521 NW 112 AVE Swite 104 WIALIT FL	0	3
	, 			
(Use attachment i	f necessary)			
RTICLE V: Effective of an effective date is list or 90 days after the da	ed, the date must be	ate of filing: (O specific and cannot be more than five business.)	PTIONAL) nem daya p	
<u>reoured</u> sig	SNATURE:	· ·	SEC SEC	10
,	Signature of a member.	DE SUI Suthorized representative of a member.	RETAR AHASS	MAR 15
	(In accordance with soci	on 608,408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	COF STA	AH 8: 23
	OSVAC	M F. KOUEDO	SEAT SEAT	23
		ed or printed name of signee	<b>&gt;</b>	

Filing Foes:

\$1,25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 50.80 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)

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