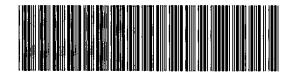
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| (Requestor's Name)                      |   |
|---|---|
| (Address)                               |   |
| (Address)                               |   |
| (City/State/Zip/Phone #)                |   |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document Number)                       | - |
| Certified Copies Certificates of Status |   |
| Special Instructions to Filing Officer: |   |
|   |   |
|   |   |
|   |   |
|   |   |

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

MAY 8 ( 2011

EXAMINER

# **COVER LETTER**

| TO: Registration S           |   |  |      |
|------------------------------|---|--|------|
| SURJECT: Infinit             | e Metal Exchang   | e, LLC.  |      |
| 50 <b>5</b> 500.             |   | ted Liability Company  |      |
| The enclosed Articles of     | of Organization and fee(s) are  | submitted for filing.  |      |
| Please return all corresp    | pondence concerning this mat  | tter to the following:   |      |
| Paul T. N                    | //arks  |  |      |
| <u></u>                      |   | Name of Person   |      |
|                              |   |  |      |
| <del>-</del>                 |   | Firm/Company   |      |
| 7415 S. I                    | Morton Street   |  |      |
| - · · · · ·                  |   | Address  |      |
| Tampa, Flo                   | orida 33616   |  |      |
| ntmorks/1/                   |   | ty/State and Zip Code  |      |
| ptmarks41@                   |   | for future annual report notification)   |      |
| For further information      | concerning this matter, pleas   | e call:  |      |
| Paul Marks                   |   | at ( 813 ) 250-1252  |      |
| Name                         | of Person   | Area Code & Daytime Telephone Number   |      |
| Enclosed is a check for      | or the following amount:  |  |      |
| <b>✓</b> \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is en             | us & |
|                              | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |      |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Com   | pany is:   |
|---|--|
| Infinite Metal Exchange,  | LLC.   |
| (Must end with the words "Lin   | nited Liability 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:   |
| 2412 Gelman Place   | 2412 Gełman Place  |
| Tampa, Florida 33619  | Tampa, Florida 33619   |
| The name and the Florida street address  Paul T. Marks  | Name   |
| 7415 S. Mor   |  |
|   | street address (P.O. Box NOT acceptable)   |
| Tampa   | FL 33616   |
| liability company at the place design registered agent and agree to act in this statutes relating to the proper and compacted the obligations of my position. | City, State, and Zip  It and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S  It's Signature (REQUIRED) |
| Registered Agen   | it a dignature (KEQUIKED)  |

(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:

| Title: "MGR" = Manager  | Name and Address:  |
|---|--|
| "MGRM" = Managing Member  |  |
| MGR   | Greg George  |
|   | 2412 S. Gelman Place   |
|   | Tampa, Florida 33619   |
| MGRM  | Alcibiades Rodriguez   |
|   | P. O. Box 267536   |
|   | Weston, Florida 33326-7636   |
| MGRM  | Jerson Zambrano  |
|   | 2412 Gelman Place  |
|   | Tampa, Florida 33619   |
|   |  |
| (Use attachment if necessary)   |  |
| ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE:   |  |
| TNU   | Mest   |

(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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

#### Paul T. Marks

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)

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