L12000024160

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

Office Use Only



500221955105

02/17/12--01009--021 **155.00

RECEIVED
12 FEB 17 AH III: 12

2012 FEB 17 AH 8: 04 SECRETARY OF STATE ALLAHASSEE, FLORIDA

> J. SAULSBERRY EXAMINER

iii

FEB 20 2012

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

•	Office Use Only	
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if known):	
1. SILCATOON AC- (Corporation Name)	trated carbon, LLC	
2. (Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	
4.	2012 F SECI FALL A	
(Corporation Name)	(Document #)	i į
Walk in Pick up time 2	Certified Copy	-
☐ Mail out ☐ Will wait	Photocopy	
NEW FILINGS	AMENDMENTS P	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	-
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	•
CR2E031(7/97)	Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AK.	HCL	Ł I	- N	am	e:
The	name	of	the	Lin	า่

ited Liability Company is:

Silcarbon Activated Carbon, LLC

(Must end with the words "Limited 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 A	<u>Address:</u>	Mailing Address:			
3403 Main Highwa Coconut Grove, Fl	<u> </u>	3403 Main Highway Coconut Grove, FL 33133			
ADTICLE III. E	a sistened	Agent Degistered Office & Degistered Agent	la Cianat		
	Company canno	Agent, Registered Office, & Registered Agent t serve as its own Registered Agent. You must designate an indiregistration.)		other	
The name and the	Florida stre	eet address of the registered agent are:	CRE LAH,	2012 FEB	•***
	Michel I	Huysman, Esq.	ASI		Tel Sales sixuar
		Name	- \$£	7	
	2000 S	outh Dixie Highway, Suite 106	RETARY OF STATE AHASSEE, FLORIDA	AM	1
		Florida street address (P.O. Box NOT acceptable)	98 186	Ö.	Sugar P
	Miami	_{FL} 33133	E DA	40	
		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)

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

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

MGRM	Robert W. Smit 2889 Mc Farlane Road, PH2 Coconut Grove, FL 33133	
MGR	Karoline Smit	
	2889 Mc Farlane Road, PH2 Coconut Grove, FL 33133	
	——————————————————————————————————————	19.7.18 34.7.18
	SE SE	FB / /
		-
	표표 <u>표표 </u>	
(Use attachment if necessary)		
	e date of filing: (OP) be specific and cannot be more than five busine	
days after the date of filing.)		

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. 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.)

Robert W. Smit

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)