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Effective Date 7/1/12

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SECRETY BY OF STATE

'JUL! 9 2012

T. HAMPTON

## **COVER LETTER**

TO:	Registration Section Division of Corporations	·
CUBE	CT: METCO REAL ESTAT	E INVESTMENTS LLC
SUBJE		ed Liability Company
The enc	losed Articles of Organization and fee(s) are	submitted for filing.
Please r	eturn all correspondence concerning this matt	er to the following:
•	JONATHAN GARZON	
		Name of Person
	GARZON ACCOUNTING	& TAX SERVICES LLC
_		Firm/Company
_	859 SW 147 TERRACE	
		Address
Ę	PEMBROKE PINES FLORIDA	
		y/State and Zip Code
2	JONATHAN@GARZONSERVIC E-mail address: (to be used to	CES.COM or future annual report notification)
For furt	her information concerning this matter, please	•
JONA	ATHAN GARZON	at (954 ) 668-7040
	Name of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
<b>₹</b> \$125.00	_	\$155.00 Filing Fee & \$\ \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}
	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

# Effective Date 7/1/12

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## METCO REAL ESTATE INVESTMENTS 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 Address:	Mailing Address:
859 SW 147 TERRACE PEMBROKE PINES FL 33027	859 SW 147 TERRACE PEMBROKE PINES FL 33027

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

859 SW 147 TERRACE

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

PEMBROKE PINES

FL 33027

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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

IGRM	COAL ENERGY INVESTMENTS INC
· · · · · · · · · · · · · · · · · · ·	CALLE 6 NO 4-80
	BOGOTA, COLOMBIA
<del>.</del>	
	<del></del>
	**************************************
<del></del>	

ARTICLE V: Effective date, if other than the date of filing:  $\frac{7}{1}$  / 2012. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. 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.)

#### JONATHAN GARZON

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)