Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. CENTERLINE STEEL, LLC

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JAN 23 2019

J. BRYAN 1/22/2013



FOR

CENTERLINE STEEL, LLC

The undersigned organizer to these Articles of Organization hereby forms a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I Name

The name of the limited liability company is Centerline Steel, LLC (the "Company").

ARTICLE II Principal Office

The street address of the principal office of the Company is 598 South Holmes Boulevard, Unit 5, St. Johns County, St. Augustine, Florida 32084.

ARTICLE III
Mailing Address

The initial mailing address of the Company is 2866 North 9th Street, St. Johns County, St. Augustine, Florida 32084.

ARTICLE IV
Management

The Company is to be a member-managed company.

ARTICLE V Registered Agent and Registered Office

The name of the initial registered agent of the Company is Tracy Smith whose street address is 2866 North 9th Street, St. Johns County, St. Augustine, Florida 32084.

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmance under the penalties of perjury that the facts stated herein are true.

Signature of Authorized Member

17 Jan 13

Datë

H130000/6352

CERTIFICATE OF DESIGNATION REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the state of Florida, submits the following statement in designating the registered agent and registered office in the State of Florida.

1. The name of the Limited Liability Company is Centerline Steel, LLC.

2. The name of the initial registered agent of the Company is Tracy Smith whose street address is 2866 North 9th Street, St. Johns County, St. Augustine, Florida 32084.

Having been hamed as registered agent 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 telating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date

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