

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR -9 AM 7:53

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
EMMEDI INDUSTRIAL TIRE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

APR 10 2015
J. HARRIS

15 APR -9 AM 10:00

FLORIDA DEPARTMENT OF
STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

02/18/2033 05:38

04/09/2015 12:50PM FAX 3053874088*** ** J & D ACCOUNTING SERV

#1620 P.002/003

0002/0004

H15000088033

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMMEDI Industrial Tire, 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:

10410 NW 89 Terrace
DORAL, FLORIDA 33178

Mailing Address:

10410 NW 89 Terrace
DORAL, FLORIDA 33178

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:

DINO ANDRES DE SARIO ANDRADE

Name

10410 NW 89 Terrace

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

DORAL

City

FL

33178

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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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0003/004

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

DINO ANDRES DE SARIO ANDRADE

10410 NW 69 Terrace

DORAL, FLORIDA 33178

AMBR

POLYPRODUCTS LLC

10410 NW 69 Terrace

DORAL, FLORIDA 33178

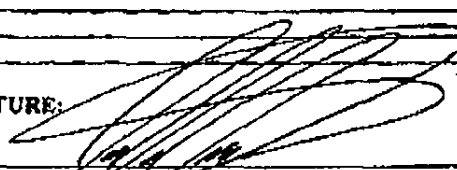
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

DINO ANDRES DE SARIO ANDRADE

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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