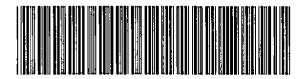
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| (Requ | uestor's Name) | |
|----------------------------|-----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Docu | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

| TO: | New Filing Section Division of Corporations |
|------------|--|
| SUBJE | Navarro Metals LLC |
| 110101 | Name of Limited Liability Company |
| The enc | osed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: |
| | Rigoberto Navarro |
| | Name of Person |
| | Navarro Metals LLC |
| | Firm/Company |
| | 6161 42nd Street Circle E. |
| | Address |
| | Bradenton, FL 34203 |
| | City/State and Zip Code |
| | rbnavarroramos@yahoo.com |
| | E-mail address: (to be used for future annual report notification) |
| For furthe | r information concerning this matter, please call: |
| | Rigoberto Navarra (941) 586-8038 |
| | Name of Person Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amount: |
| \$125.00 | Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassec, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| N | avarro Metals LLC | |
|--|--|--|
| (Mı | ust contain the words "Limited Liability Comp | any, "Ł.L.C.," or "LLC.") |
| RTICLE II - Address the mailing address and | ; street address of the principal office of the Lin | nited Liability Company is: |
|] | Principal Office Address: | Mailing Address: |
| 6161 | 42nd Street Circle E. | same |
| Brade | enton, FL 34203 | |
| The Limited Liability Co | red Agent, Registered Office, & Registered a ompany cannot serve as its own Registered Age | |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Ago with an active Florida registration.) | |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Ago | ent. You must designate an individual or |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Ago with an active Florida registration.) a street address of the registered agent are: | ent. You must designate an individual or |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Agrivith an active Florida registration.) a street address of the registered agent are: Rigoberto Navarr Name 6161 42nd Street | ent. You must designate an individual or |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Agreeth an active Florida registration.) a street address of the registered agent are: Rigoberto Navarr Name | ent. You must designate an individual or |
| The Limited Liability Co mother business entity v | ompany cannot serve as its own Registered Agrivith an active Florida registration.) a street address of the registered agent are: Rigoberto Navarr Name 6161 42nd Street | Circle E OT acceptable) |

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| <u> Citle:</u> | Name and Address: |
|--|--|
| AMBR" = Authorized Member | |
| MGR" = Manager AMBR | Rigoberto Navarro |
| | 6161 42nd Street Circle E. |
| | Bradenton, FL 34203 |
| | |
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| | ABBLE AND |
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| EV: Effective date, if other than the etive date is listed, the date must b | • |
| f filing.) | e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b |
| EV: Effective date, if other than the ctive date is listed, the date must b filing.) the date inserted in this block does nent's effective date on the Department's | e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b |
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| CV: Effective date, if other than the etive date is listed, the date must be filing.) the date inserted in this block does need to effective date on the Department's effective date on the Dep | e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b |
| CV: Effective date, if other than the etive date is listed, the date must be filing.) the date inserted in this block does need at the effective date on the Department's effective date on th | The specific and cannot be more than five business days prior to or 90 deposition of the specific and cannot be more than five business days prior to or 90 deposition of the specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be more than five business days prior to or 90 deposition of State in a specific and cannot be seen to or 90 deposition of State in a specific and cannot be seen to or 90 deposition of State in a specific and cannot be seen to or 90 deposition of 90 deposi |
| EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departm EVI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is exall am aware that any constitutes a third document. | a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |