Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (718)889-7420

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.

Tampa Metal LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

2019-11-08 10:47 CST - +17188897420

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
Tampa Metal LLC	with the speeds HI imited	d Liability Company	y, "L.L.C.," or "LLC.")
(wast end v	vitti die words Limitet	a izabinty Companj	y, L.L.C., or LLC.)
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal o	office of the Limited	Liability Company is:
Principa	l Office Address:		Malling Address:
11650 Palmetto Pine	St	116	50 Palmeno Pine St
Riverview, FL 33569		Riv	crview, FL 33569
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registered	i agent are:	
	Jeffrey Blanchard		
		Name	
	11650 Palmetto Pine	: St	
	Florida street addres	s (P.O. Box NOT a	(cceptable)
	Riverview	FI.	33569
	City	State	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 open 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 t am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2019-11-08 10:47 CST - +17188897420

Litle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Melody Henry
	310 Beverley Rd Apt 3B Brooklyn NY 11218
	BROOKIVE N.Y. 11218
	Jeffrey Blanchard
	644 Sackett St
	Brooklyn NY 11217

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Page 2 of 2