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12905 SW 42 STREET Suite: 210 MIAMI, FL 33175 Phone: 305-444-4994 Email: filing@ecfsfiling.com

## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. METAS  (CORPORATE NAM		(DOCUMENT #)
2. (CORPORATE NAM	1E)	(DOCUMENT #)
3(CORPORATE NAM		(DOCUMENT #)
□ Walk-In Y	Pick up time: Certified	Conv. Cartificate Of Status
☐ Walk-In X	Pick up time: Certified	Copy Certificate Of Status
☐ Walk-In X  New Filings	Pick up time: Certified  Amendments	Copy Certificate Of Status  Other Filings
New Filings		
	Amendments	Other Filings
New Filings	Amendments Amendments	Other Filings Annual Report
New Filings rofit on-Profit	Amendments  Amendments  Resignation	Other Filings Annual Report Fictitious Name

**Examiners Initials** 

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

ARTICLE I - Name: The name of the Limited Liability	Company is:		
METALS FLOW LLC	<u> </u>		
(Must contai	in the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limited	l Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
1853 NW 21 ST		185	3 NW 21 ST
MIAMI, FL 33142		Miz	AMI, FL 33142
another business entity with an ac	tive Florida registrat	on.)	You must designate an individual or
The name and the Florida street ac	ddress of the registere	ed agent are:	
	LJUBOMIR IVAN	ov	
		Name	<del> </del>
	1853 NW 21 ST	Name	<del></del>
	1853 NW 21 ST	Name ss (P.O. Box <u>NOT</u> a	cceptable)
	1853 NW 21 ST		cceptable)

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..

Ljubomir Avanov

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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	Name and Address:
	SEE ATTACHED
<del>-</del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must be spetthe date of filing.)  Note: If the date inserted in this block does not m	of filing: (OPTIONAL) recific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	of State's records.
REOUIRED SIGNATURE:	rebomir Svanov
This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

LJUBOMIR IVANOV

Typed or printed name of signee

### AMBR'S:

**Ljubomir Ivanov**, 25% 851 NE 1 Ave #4109, Miami, FL 33132

Natalia Steinhart Pena, 25% 8 AV, 3-90 zona 14, Edificio la Rambla, of 1-c2.

Juan Carlos Posas Flores, 25% 8 AV, 3-90 zona 14, Edificio la Rambla, of 1-c2.

**Spasov Serafim**, 25% 60 NE 14 St #3315, Miami, FL 33132