

# L23000095966

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6331

From:  
Account Name : A1A REGISTERED AGENT INC.  
Account Number : 120090000032  
Phone : (561)792-2236  
Fax Number : (561)202-8082

\*\*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.  
INDUSTRIAL SMELTER SUPPLIES LLC

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I: NAME**

The name of the Limited Liability Company is:

**INDUSTRIAL SMELTER SUPPLIES LLC****ARTICLE II: Address**


The mailing address and street address of the principal office of the Limited Liability Company is:

**10570 CITY CENTER BLVD  
APT 308  
PEMBROKE PINES, FLORIDA 33025****ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

**A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411**

Having been named 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 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.

**A1A REGISTERED AGENT INC.** / Registered Agent's Signature

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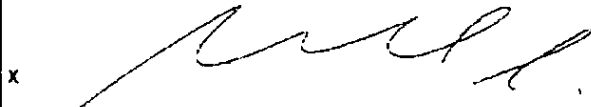
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PAGE 2 **INDUSTRIAL SMELTER SUPPLIES LLC**

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

**AMBR:**

**JUAN CARLOS COSTAS CHIAPPE  
CALLE SANCHEZ LIMA 2600 EDIF TANGO PISO 4  
LA PAZ, BOLIVIA**

x 

**JUAN CARLOS COSTAS CHIAPPE**

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.)

DEPT. OF STATE  
TALLAHASSEE, FL

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