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Division of Corporations Electronic Filing Cover Sheet

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Τo:

Division of Corporations Fax Number : (850)617-6381

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spenish Trats Mining LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

3982
L 3

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:

John Lapida	
1	Name
1025 Fish Hook CV	
Florida street address (P.O. B	ox NOT acceptable)
Bradenton ,	FL 34212
City	Zip

Having been mained 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 oppointment 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 um familiar with and accept the obligations of my positionfas registered agent as provided for in Chapter 605, F.S.

Registore Agent Signature (ŘEOUIRED) (CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	John Lapida 1025 Fish Hook CV		
MOR	Bradenton, FL 34212		
	6450 SR 31 Punia Gorda, FL 33982		
		······	
(Use attachment if necessary)			
(If an offective date is listed, the date must be spithe date of filing.) ARTICLE VI: Other provisions, if any.	of filing: (OPT) erific and cannot be more than five business days	ONAL) prior to or 90 day	ys after
(In accordance with soution to constitutes an affirmation up I am aware that any false in	mber of an authorized representative of a memb 505.0203 (1)(b), Florida Statutes, the execution of inder the penalties of perjury that the facts stated her formation submitted in a document to the Departme formation submitted for in s.817.155, P.S.)	this document	
John Lapide			
	Typed or printed name of signee	_	
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	Page 2 of 2		
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