1653 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 : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO. STM COMPRESSOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	. 03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

STM COMPRESSOR LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

22.	7901 4th St N		7901 4th St N ,	
,	·. STE 300		STE 300	;
tio "	अक्षाप्त St. Petersburg	FL 33702	St. Petersburg * ?	FL 33702
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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Lunited 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:

	Name	
7901 4th St N		STE 300
Florida street addres	s (P.O. Box <u>N</u> 0	OT acceptable)
St. Petersburg	FL	33702 ^e
City	State	Zin

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 proyided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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			n authorized to manage and control the Limited Liabi	lity Company:
	Title		; Di Adi	
	<u>Title:</u> "AMBR" =	Authorized Member	Name and Address:	
	"MGR" = \			
		d Member	Juarez, Waldino Alejandro	
			7901 4th St N STE 300	
			St. Petersburg, FL 33702USA	·
			$\sim \alpha t_1 = 53$. 1 .
	Authorized	d Member	Orellano, Roberto Pablo	
			7901 41h St N STE 300	
			St. Petersburg, FL 33702USA	
			n •	
	Authorized	d Member	Juarez, Julian Waldino	
	-		7901 4th St N STE 300 · · ·	
	<u>151</u> .		St. Petersburg, FL 33702USA	· · · · · · · · · · · · · · · · · · ·
•	Authorized	i Mamhar	Fabrizio, Daniel Fabio	, (3)
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