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C T CORPORATION SYSTEM		
Requestor's Name 660 East Jefferson Stree	ut	
Address		\$ C.
City State Zip	Phone 104-222-1092 ION(S) NAME	
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American Chemic	cal, LiC.	
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() Foreign	( ) Dissolution/Withdrawa	() Mark
() Umited Partnership () Reinstatement	() Annual Report () Reservation	() Other
( )		( ) Change of R.A.
Certified Copy		
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# BILITY ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY **COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN CHEMICAL, L.C.

#### ARTICLE II - Address:

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

AMERICAN CHEMICAL, L.C. 1689 SW 158 AVENUE PEMBROKE PINES, FLORIDA 33027

#### **ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

#### PERPETUAL

#### ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

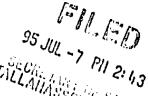
> **GARY BARCUS** 1689 SW 158 AVENUE PEMBROKE PINES, FLORIDA 33027

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of				
AMERICAN CHEMICAL, L.C.	deposes and says:			
1) the above named limited liability company has at least two members				
2) the total amount of cash contributed by the member(s) is	\$ <u>2,000.00</u> .			
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	s			
4) the amount of cash or property anticipated to be contributed by member(s) is	s			
5) the total amount of 2, 3, and 4 is	\$ 2,000.00			
Signature of a member or authorized representative of a member.	<del></del>			
Signature of a mer oer or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



7|7|95 (Date)

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES AT THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF UNTIL STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: AMERICAN CHEMICAL, L.C.
2. The name and address of the registered agent and office is:
CT CORPORATION SYSTEM (NAME)
·
1200 SOUTH PINE ISLAND ROAD (P.O. Box NOT ACCEPTABLE)
· · · · · · · · · · · · · · · · · · ·
PLANTATION, FLORIDA 33324 (CITY/STATE/ZIP)
(CHITAINIBER)
,
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.

**CONNIE BRYAN** 

SPECIAL ASSISTANT SECRETARY

### FILE NOW: Fee after May 1, will be \$263.75

AND LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra H. Mortham 1996 JUL - 1 7/1 9: 01 ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee \$ 238,75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT #195000000520 1a. Principal Pinch of Business Address AMERICAN CHEMICAL, L.C. 1609 SUTH-WEST 158TH AVENUE-1689 SUTH WEST 158TH AVENUE PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 If above during address is accorded in any way. The through Incorrect Information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Addrosa 3. Date Organized or Qualified Ja. State of Lormation 1689 S.W. 158 Avenue 07/07/1995 FL Suite, Apt. #, etc. Suite, Apr. #, etc. 4. FEI Number Applied For City & State City & State X Not Applicable Pembroke Pines, FL 5. Onto of Last Report 6 Certificate of Status Desired Country SR 15 Additional Lee Required 33027 U.S.A. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite, Apl #, etc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (theysterm) Agent A. Legitery Apparement). (ExCE: Herpsterm Agent squares required above revolutely). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR BARCUS, GARY 689-CUTH WEST 158TH AVENU PEMBROKE PINES FL 1689 S.W. 158 Avenue 800001888128 -07/09/96--01121--004 \*\*\*\*\*263.75 \*\*\*\*263.75

11 1 do heraby certify that the information supplied with this filing is voluntarily furnished and doos not qualify for the exemption stated in Section 119 07(3) (k). Florida Statutes I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutos, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE	
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Lancus SKIPARTOS AND THERD ON EMPLED HAME OF SKIPPEN WALLACHER, MERINER ON MANAGER

**APPROVED**