

29500000530

Document Number Only

RECEIVED

95 JUL -7 PM 12 19

DIVISION OF REGISTRATION

FILED
95 JUL -7 PM 2:42
TALLAHASSEE, FLORIDA

C T CORPORATION SYSTEM			
Requestor's Name			
660 East Jefferson Street			
Address			
Tallahassee, Florida 32301			
City	State	Zip	Phone
			904-222-1092
CORPORATION(S) NAME			

2000001535382

-07/12/95--01007--011

***398.75 ***398.75

American Chemical, L.C.

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | | |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

3:00
7/7/95

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

C. TAX
FILING
250
25
113.75
398.75
2000 + 1005
RECEIVED
REFUND

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

FILED
95 JUL -7 PM 2:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 is:

**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 \$ 2,000.00
- 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.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ _____
- 5) the total amount of 2, 3, and 4 is \$ 2,000.00

Signature of a member 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**

FILED
95 JUL -7 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE 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)

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
(SIGNATURE)

7/7/95

(DATE)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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

APPROVED
AND
FILED

1996 JUL -1 AM 9:01

REC
FILED
DATE
FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra H. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
-------------------------	--

1 Name and Mailing Address
of Limited Liability Company **DOCUMENT #L95000000520**

AMERICAN CHEMICAL, L.C.
~~1689 SUTH WEST 158TH AVENUE~~
PEMBROKE PINES FL 33027

1a. Principal Place of Business Address

1689 SUTH WEST 158TH AVENUE
PEMBROKE PINES FL 33027

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		1689 S.W. 158 Avenue		07/07/1995	FL
City & State		City & State		4. FET Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		33027	U.S.A.		AA: Is Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL 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. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent & Existing Agentments) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BARCUS, GARY	1689 SUTH WEST 158TH AVENUE 1689 S.W. 158 Avenue	PEMBROKE PINES FL R000001888128 -07/09/96--01121--004 ***263.75 ***263.75 258 7/5/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: Gary Barcus 6/24/96 (954) 438-4222