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**EXAMINER** 



ACCOUNT NO. : 12000000195 REFERENCE: 213722 AUTHORIZATION Smelkelenan COST LIMIT : V\$ 130.00 ORDER DATE: December 10, 2009 ORDER TIME : 8:44 AM ORDER NO. : 213722-005 CUSTOMER NO: 4339957 DOMESTIC FILING NAME: BERKSHIRE TRADING, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BERKSHIRE TRADING, LLC

(Must end with 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:

5751 CAMINO DEL SOL

BOCA RATON, FL 33433

2115 LINWOOD AVE., 4TH FL. FORT LEE NI 07024

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:

Corporation Service Company

Nam

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

<sub>FL</sub> 32301

City, State, and 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 as provided for in Chapter 608, F.S..

Corporation Service Company

Troy Todd as its agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
Anthony Cirillo, MGR	2115 LINWOOD AVE., 4TH FL FORT LEE, NJ 07024
Moshe B. Engelsohn, MG	2115 LINWOOD AVE., 4TH FL. FORT LEE, NJ. 07024
John J. Lucchese, MGR	2115 LINWOOD AVE, 4TH FL. FORT LEE, NJ. 07024
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must leaves after the date of filing.)	e date of filing: (OPT)O
REQUIRED SIGNATURE:	

JOHN J. LUCCHESE, MANAGER

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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