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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
GOLDZWAN TRADING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

GOLDZWAN TRADING, 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:

1581 WEST 49TH ST # 110, HIALEAH FL 33012 SAME

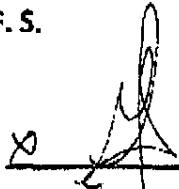
ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

YADIRA VILORIA, 1581 West 49th St #110, Hialeah, FL 33012

Having been named as registered agent and to accept services 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 statues 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.



Registered agent's Signature (Required)

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(continue)

ARTICLE IV-Manager(s) or Managing Member(s)

The name and address of each Manager or managing Member is as follow:

TITLE: _____ **Name and Address**

MGR= Manager

MGRM= Managing Member

MGR

ROBERT SILVA

**1581 WEST 49TH ST # 110, HIALEAH
FL 33012.**

MGRM

JOSE SILVA

**1581 WEST 49TH ST # 110, HIALEAH
FL 33012.**

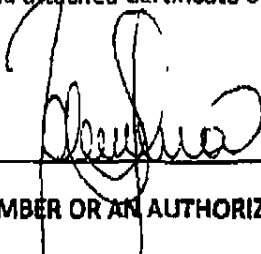
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ARTICLE V: Effective date, if other than the date of filing, **JANUARY 15TH 2012.** (The effective date:1) cannot be prior to not more than 90 days after this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REQUIRED SIGNATURE:

x  _____
SIGNATURE OF THE 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 that the facts stated herein are true.)

Robert Silva
Type or printer name of signee.