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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:		 	

FLORIDA LIMITED LIABILITY CO. **Panamerican Trade Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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Help

$ARTICLES \, OF \, ORGANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE 1 - Name: The name of the Limited Liabil	ity Company is:				
	Trade Group LLC		W. I. C. D. W. I. C. D.		
(Must con	tain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Lim	ited Liability Company is:		
<u>Princi</u>	oal Office Address:		Mailing Addr	<u>ess</u> :	
7901 4th St i St. Petersbu	N STE 300 rg, FL 33702		7901 4th St N STE St. Petersburg, EL		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Age on.)		lividual or	
	Northwest Registered				
	Notthwest Registered	Name			
	7901 4th ST N STE :	3 ሰ በ			
	Florida street addres		T acceptable)		
	St. Petersburg, FL 33	702			
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	e, I hereby accept the app provisions of all statutes re bligations of my position	ointment as regi elating to the pro as registered ag	stered agent and agree to act to per and complete performancent as provided for in Chapter as provided for in Chapter (REQUIRED)	in this capacity. [5] Notes of my duties and [7]	rice D
		CONTINUE	~ j		

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	JULIAN DAVID MASMELA WILCHES 7901 4th St N STE 300 St. Petersburg, EL 33702
AMBR	GERMAN ALEJANDRO BARRERA CESPEDES 7901 4th St N STE 300 St. Petersburg, FL 33702
(Use attachment if necessary)	
n effective date is listed, the date mu late of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed as
TCLE VI: Other provisions, if any.	
	ASSE TO A SECTION ASSESSMENT ASSE
REQUIRED SIGNATURE:	= P [7
Morray Out	7:5
This document I am aware that	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
Morga	an Noble
	Typed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)