Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000142551 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)220-1440

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. NORTHWESTERN TRADING LLC

Certificate of Status

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

T. HAMPTON

T. HAMPTON

Corporate Filing Menu

JUN 1 8 2010

Help F

EXAMINE F

Electronic Filing Menu

H10000142551

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ĺ	N	n	R	T	Н١	٧E	ST	F	₹N	17	ìR.	Δ	מ	IN	J	G	ı	1	C:
П	ı٦	_	11	. 1		7 T L	. .		111	, ,		_	_	11	ч	v	-	_	u

(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:						
2075 SW 122 AVENUE SUITE 107							
MIAMI, FLORIDA 33175							
ARTICLE III - Registered Agent, Regle (The Limited Liability Company cannot serve as its own business entity with an active Plorida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another						
The name and the Florida street address of	f the registered agent are:						

RAFAEL SANCHEZ

1800 WEST 49 STREET SUITE 216

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

HIALEAH FL 33012

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H10000142551

SECRETARY OF STATE DIVISION OF CORPORATIONS

H10000142551

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" - Managing Member MGR EINAR GUTIERREZ CASTRO 2075 SW 122 Avenue-ste Miami, FL. 33175 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of Amember 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.) RAFAEL SANCHEZ Typed or printed name of signee Filing Fees:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE STATE OF CORPORATIONS