Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 RECEIVED
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## LIMITED LIABILITY COMPANY

AVALON TRADE LLC.

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



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ALL AHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVALON TRADE LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2427 Center Gate Dr. Ste#106, Miramar, Fl 33025.

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

The name and the Florida street address of the registered agent are:

PEDRO BALLESTEROS

Name

2427 Center Gate Dr. Ste#106

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

MIRAMAR FL 33025.

City, State, and Zip

Having heen 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

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Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more man therefore, a manager - manager are manager.	,
therefore, a manager - managed company.	lagers and is,
(An additional article must be added if an effective date is requested	d)
	•
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.)	
- ROSANA Paz	
Typed or printed name of signee	
·	

ROSANA PAZ 2427 Center Gate Dr, Ste#106 Miramar, Pl 33025.

Pedro Ballesteros 2427 Center Gate Dr. Ste#106 Miramar, Pl 33025.

SECRETARY OF STATE