Division of Corporations Public Access System

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.

(((H030002483557)))

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

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

auriargen trading company, I.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



HAISTON OF CORPORATION

(y).

. # 03n00248355

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

AURIARGEN TRADING COMPANY, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: AURIARGEN TRADING COMPANY, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited, Liability Company is: 9999 N.E. 2ND AVENUE, SUITE 213, MIAMI SHORES, FL 33138.

ARTICLE IV

The name and the Florida street address of the registered agent are: DOUGLAS R. LUPISELL, 6901 S.W. 6 STREET, PEMBROKE PINES, FL 33023.

H 03000248355

20/20°d

87:11 E002-90-9NU

M 03000248355

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

AURIARGEN TRADING COMPANY, L.L.C. (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Dougles has I proced Registered Agent

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 periory that the facts stated herein are true.)

ETTORE A. CORA

Typed or printed name of signee

H 03000248355

APINO FILE 03 AUG -6 PM 12: 4 J