Division of Corporations



## Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346

# LIMITED LIABILITY COMPANY

LF.G. CAPITAL TRADING, L.L.C.

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

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

I.F.G. CAPITAL TRADING, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6460 SW 8 ST. WEST MIAMI, FL 33144

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

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

| JOEL VELAZOUEZ                                  |     |
|---|-----|
| Name  |     |
| 6460 SW 8 ST.                                   |     |
| Florida street address (P.O. Box NOT acceptable | le) |
| WEST MIAMI, "FL 33144                           |     |
| 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

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SECRETARY OF STATE
TALL AHASSEE FLORING

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Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Typed or printed name of signee

MEMBER & MANAGER:

JOBL VELAZQUEZ 6460 SW 8 ST. WEST MIAMI, FL 33144

SECRETARY OF STATE