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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : CLARION VENTURES, INC.
Account Number : 1200300000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

LIMITED LIABILITY COMPANY

VMK Trading, LLC

Certificate of Status 0
Certified Copy 0
Page Count 01-3
Estimated Charge \$125.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

VMK Trading LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

245 Harbor Dr

Winter Garden FL, 34787

Mailing Address:

245 Harbor Dr

Winter Garden FL, 34787

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

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

Fabian Flaque

Name

245 Harbor Dr

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

Winter Garden, FLORIDA 34787

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, Florida Statutes..



Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR

Fabian Flaque

245 Harbor Dr

Orlando FL, 34787

MGR

Krisztian Vass

1808 Lipsitt Court

Kelowna, British Columbia V1V 1X3

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

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.)

KRISZTIAN VASS

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)