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(R	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		63
	Office Use Only	AMA



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TRANSMITTAL LETTER

то:	Registration Section Division of Corporations		-	
SUBJE	CT: Blue Horizon Trading, LLC			
	(Name of Limited Liability Company)	<u>-</u>		
The enc	losed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Louise Muller			
	(Name of Person)			
	Blue Horizon Trading, LLC			
	(Firm/Company)			
4	4009 N E 5th Terrace			
_	(Address)	SEC	40	
	Fort Lauderdale, FL 33334	AHA	- MNF 40	
	(City/State and Zip Code)	SSI	1	September Septem
For furt	her information concerning this matter, please call:	EE, FLOI	PM 2: 1	
Louise	Muller at (954) 566-2551	R)	47	
	(Name of Person) (Area Code & Daytime Telephone Number) 💯		

STREET ADDRESS:

k ₁ ≪31 .

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Blue Horizon Trading, LLC	_
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4009 N E 5th Terrace	4009 N E 5th Terrace
Fort Lauderdale	Fort Lauderdale
FL 33334	FL 33334
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the registered Agent, Registered Louise Muller Name 4009 N E 5th Terrace Florida street address (P.6)	registered agent are: OLUM - I PH ALLAHASSEE, F
Fort Lauderdale	FLORIDA 33334
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

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Louise Muller 4009 N E 5th Terrace	<u> </u>
	Fort Lauderdale, FL 33334	<u>-</u> - · • • · · -
MGRM	Jimmy Joannou	
	4009 N E 5th Terrace	
	Fort Lauderdale, FL 33334	
		_
		<u>-</u>
		· ·
	<u> </u>	
(Use attachment if necessary)		
(7	
NOTE: An additional article must be	added if an effective date is requested.	ę.
required signature:	AHASSE THE STATE OF A MEMber.	JUN - PH
(In accordance with section 608.4	08(3), Florida Statutes, the execution firmation under the penalties of perjury	2:48
Louise Muller		

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)

Typed or printed name of signee