

L040000061152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

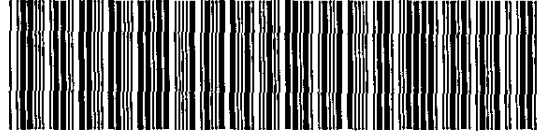
(Business Entity Name)

(Document Number)

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FILED  
04 AUG 18 PM 4:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*Handwritten signature*

RECEIVED  
04 AUG 18 PM 12:51  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 852630 82293A

AUTHORIZATION :

*Patricia Piquero*

COST LIMIT : \$ 160.00

04 AUG 18 PM 4:30  
TALLAHASSEE, FLORIDA  
FILED

ORDER DATE : August 18, 2004

ORDER TIME : 10:39 AM

ORDER NO. : 852630-005

CUSTOMER NO: 82293A

CUSTOMER: Ms. Betty Lopez-castro  
Martinez-esteve & Lopez-castro

Suite 304  
901 Ponce De Leon Boulevard  
Coral Gables, FL 33134

DOMESTIC FILING

NAME: INTERNATIONAL TRADING COMPANY,  
LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

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

FILED  
04 AUG 18 PM 4:30  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

INTERNATIONAL TRADING COMPANY, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

3750 N.W. 114 AVENUE

APT # 6

MIAMI, FLORIDA 33178

**Mailing Address:**

10900 N.W. 58 TERRACE

MIAMI, FL. 33178

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

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

PEDRO PABLO REUS

Name

10900 N.W. 58 TERRACE

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

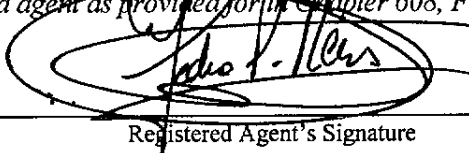
MIAMI

FLORIDA

33178

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

**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:**

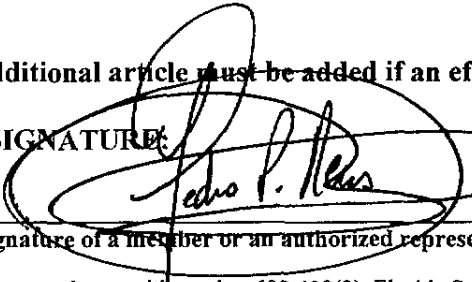
MGRM

PEDRO PABLO REUS  
3750 N.W. 114 AVENUE, LAY # 6  
MIAMI, FLORIDA 33178

(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.)

PEDRO PABLO REUS

Typed or printed name of signee

**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)