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.

(((H05000157724 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

gaia trading, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUN 2 Y 2005

20/10°d

HOS 000157724

ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

GAIA TRADING LLC



ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

6900 COLLINS AVE SUITE 1202 MIAMI BEACH, FL 33140

5900 COLLINS AVE SUITE 1202 MIAMI BEACH, FL 33140

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the registered agent are:

MANUELA TOMASELLI

5900 COLLINS AVE SUITE 1202
PLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

MIAMI BEACH, FL 33140 CITY, STATE, AND JIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I BERERY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I PURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE OF MY DUTIES, AND I AM KAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

HOS 000157724

ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (cs) of each Manager or Managing Member is as follows:

Title:	Name and address:
MGR= Manager MGRM≈ Managing Member	2005 JUI TALLA
MGR= MANUELA TOMASELLI	5900 COLLINS AVE SUITE 1202. MIAMI BEACH TO SEE FLORING FLORIN
	DONS
(Use attachment if necessary)	

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

REQUIRED SIGNATURE:

SIGNATURE OF A DEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(In accordance with accion 606,402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANUELA TOMASELLI
Typed or printed name of signed

HOS 000157724