

L05000101100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

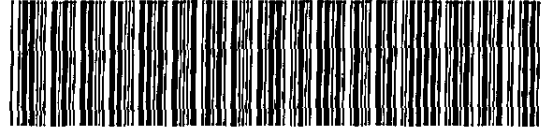
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

789/623/671

Office Use Only



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09/16/15--01029 - 005 \*\*125.00

L05-101100

W05-45095

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 13 PM 3:36

FILED

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT:   Initrade, LLC    
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

**Please send one check for the total amount made payable to the Florida Department of State.**

FROM:   Michael J. Gee    
Name (Printed or typed)

  2892 Cullen's Ct    
Address

  Ocoee, FL 34761-9111    
City, State & Zip

  407-810-6501    
Daytime Telephone number



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 30, 2005

MICHAEL J. GEE  
2892 CULLEN'S CT.  
OCOEE, FL 34761-9111

SUBJECT: INITRADE, LLC  
Ref. Number: W05000045095

We have received your document for INITRADE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 705A00059557

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Initrade, LLC

**ARTICLE II - Address:**

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

2892 Cullen's Ct. Ocoee, FL 34761-9111

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

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

Michael J. Gee

Name

2892 Cullen's Ct.

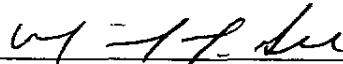
Florida street address (P.O. Box NOT acceptable)

Ocoee, FL 34761-9111

City, State, and Zip

FILED  
05 OCT 13 PM 3:26  
SECRETARY OF FINANCE  
TALLAHASSEE, FLORIDA

*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

**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.)

Michael J. Gee

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)