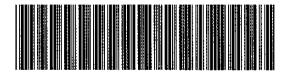
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SECRETARY OF STATE

FILED

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	r: FRAXON TRADE LLC (Name of Limited Liability Company)
The en	sed Articles of Organization and fee(s) are submitted for filing.
Please	urn all correspondence concerning this matter to the following:
	MARKO BELOSEVIC (Name of Person)
	(Name of Person)
	23352 TREELINE DRIVE
	23352 TREELINE DRIVE (Address) BOCA RATON FL 33 428 (City/State and Zip Code)
	(City/State and Zip Code)
For fur	r information concerning this matter, please call: - Kelo (Lench at (354) 257 -2327 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	is a check for the following amount:
\$125	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\bigcup \\$155.00 \text{ Filing Fee & Certificate of Status}\$\bigcup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
FRAXON TRADE LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
23352 TRECLING DRIVE BOCA RATON FL 33428 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Marko Belosevic Name Marko Belosevic
Name
Name 13352 TREELINE DRIVE Florida street address (P.O. Box NOT acceptable) Boch Ration City, State, and Zip Having been named as registered agent and to accept service of process for the bove 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.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u>		Name and Address:
$\overline{\text{"MGR"}} = Mana$		
"MGRM" = Mai	naging Member	
MGR.		Marko BeLosevic
110%		13282 THECLINE DALCES
		BOCA RATON FL 3348
		II h A DER
MGRM	<u> </u>	MARIA DE HRAUJOSA ?
		23352 TREGLING DRYNG
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(Use attachment	if necessary)	
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CLE V: Effective effective date is lie to days after the d	date, if other than the date of the date must be spate of filing.) GNATURE: Signature of a member of this document constitute that the facts stated here	r an authorized representative of a member. 10

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)