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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Pusings Estitubless) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF SIA E TALLAHASSEE, FLOR OA

00 2Eb - 2 bH 3:30

OF SER -5 PH S: 30 FILINGS, INC. TERESA ROMAN (Requestor's Name) 2805 LITTLE DEAL ROAD (Address) TALLAHASSEE, FLORIDA 32308 385-6735 OFFICE USE ONLY (City, State, Zip) (Phone #) CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. H.B. Trasin And MANUFACTURING Internalions, LCC (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) -Walk in Pick up time <u> 2.00</u> Certified Copy Mail out Will wait Photocopy Eertificate of Status **NEW FILINGS AMENDMENTS Profit** Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ **OTHER FILINGS** QUALIFICATION Annual Report Foreign

Limited Partnership

Examiner's Initials

Reinstatement

Trademark

Other

CR2E031(10/92)

Fictitious Name

Name Reservation

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Δ | RT | [C] | \mathbf{F} i | - Name: |
|---|----|-----|----------------|-----------|
| - | • | | | - 1/41111 |

The name of the Limited Liability Company is:

SPECIAL DATE SO

M. B. TRADING AND MANUFACTURING INTERNATIONAL, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|-----------------------------|-----------------------------|
| 2655 LEJEUNE ROAD | 2655 LEJEUNE ROAD |
| SUITE 507 | SUITE 507 |
| CORAL GABLES, FLORIDA 33134 | CORAL GABLES, FLORIDA 33134 |

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:

| FILINGS, INC. | |
|------------------------------|----------------------------|
| Name | |
| 3732 N.W. 16TH STREET | |
| Florida street address (P.O. | Box <u>FOT</u> acceptable) |
| FORT LAUDERDALE | 33311 |
| 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, F.S..

Tecoo Roinon

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| MGR | MAHAMMAD REZA BAGHERZADEH |
|--|--|
| | 2655 LEZEUNE ROAD, SUITE 507 CORAL GABLES, FLORIDA 33134 |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | 9/1/06 |
| ffective date is listed, the date must | e date of filing: (OPTIONA be specific and cannot be more than five business day |
| days after the date of filing.) | |
| REQUIRED SIGNATURE: | |

TERESA ROMAN

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)