

LD60000110020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

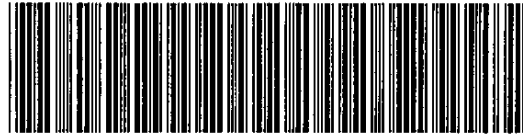
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11/7/06

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: "TRANS-ATLANTIC TRADING CORP. LTD"  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARISOL LEMUS

(Name of Person)

"TRANS-ATLANTIC TRADING CORP. LTD"

(Firm/Company)

901 CYPRESS GROVE DR. #104

(Address)

POMPANO BEACH, FL 33069

(City/State and Zip Code)

For further information concerning this matter, please call:

MARISOL LEMUS

(Name of Person)

at (954 )

465-8049

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2006

MARISOL LEMUS  
901 CYPRESS GROVE DRIVE #104  
POMPANO BEACH, FL 33069

SUBJECT: TRANS-ATLANTIC TRADING CORP. LTD.  
Ref. Number: W06000049039

We have received your document for TRANS-ATLANTIC TRADING CORP. LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 506A00065866

EFFECTIVE DATE  
11/7/06

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

"TRANS-ATLANTIC TRADING LTD. CO.,"

(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:

901 CYPRESS GROVE DR. #104  
POMPANO BEACH, FL 33069

#### Mailing Address:

901 CYPRESS GROVE DR. #104  
POMPANO BEACH, FL 33069

### 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:

MARISOL LEMUS

Name

901 CYPRESS GROVE DR. #104

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

POMPANO BEACH, FL 33069

City, State, and Zip

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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..*

*Marisol Lemus*

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR"

MARISOL LEMUS  
901 CYPRESS GROVE DR.  
POMPANO BEACH, FL 33069

"MGRM"

HORACIO ERMINY IMERY  
AV. PRINCIPAL LA BOYERA, RES. BELLA VISTA PENT-HOUSE B.  
EL HATILLO, CARACAS-VENEZUELA

"MGRM"

VICTOR ERMINY IMERY  
AV. EL PAUJI. RES. HELENA, APT. 7-A,  
LOS NARANJOS-CARACAS-VENEZUELA

"MGRM"

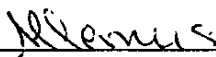
JUAN JOSE MONTESINOS  
CALLE EL PROGRESO, NO 6  
EL HATILLO, CARACAS-VENEZUELA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NOVEMBER 07-2206. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

MARISOL LEMUS

Typed or printed name of signee

FILED  
06 NOV 14 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)