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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE

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COVER LETTER

	stration Section ion of Corporations	
SUBJECT:	H & W International Trading, LLC	
	(Name of Limited Liability Company)	
The enclose	Articles of Organization and fee(s) are submitted for filing.	
Please retur	all correspondence concerning this matter to the following:	
Za	Wang	
	(Name of Person)	
H 8	W International Trading, LLC	
	(Firm/Company)	
Р.). box 263041	
	(Address)	
Ta	pa, FL33685-3041	7 <u>8</u> 906
	(City/State and Zip Code)	LAHE LAHE
For further	formation concerning this matter, please call:	- F ASSEE
Zan Wai	at (_617) 777	7-7379 FR SIAII 7:
	(Name of Person) (Area Code & Day	viime Telephone Number) \Box \Box \Box
Enclosed in	check for the following amount:	
\$125.00	ling Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status} \text{S155.00 Filing Fe} \text{Certified Copy} \\ \text{(additional copy is enclosed)}	Certificate of Status &
	Mailing AddressStreet/Courier ARegistration SectionRegistration SectDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FLTallahassee, FL	cion porations 3 Center Circle

FILED

ARTICLES OF ARTICLE 1 - N		FOR FLORIDA LIMITED LIABILITY	COMPA	NY
	Limited Liability Co	ompany is:		
H & W Internation	onal Trading, LLC			
		pany, "Limited Company" or their abbreviation "LLC," or "	L.C.,")	
ARTICLE II - The mailing add		ss of the principal office of the Limited Liabili	ty Company	/ is:
Principal Offic	e Address:	Mailing Address:		
8503 West Hilsbord	ough Ave.	P. O. Box 263041		
Tampa, FL33615		Tampa, FL33685-3041		
(The Limited Liability business entity with	y Company cannot serve as i an active Florida registration	Registered Office, & Registered Agent's Signstown Registered Agent. You must designate an individual on.) ess of the registered agent are:		06 DEC - 1 PH 12: 3
		Name	STA ORI	<u>.</u>
	4540 SW 44th St		오르	3
	Flori	da street address (P.O. Box NOT acceptable)		
	Ocala,	FL 34474		
		City, State, and Zip		
liability com registered agen statutes relati	pany at the place desig t and agree to act in th ng to the proper and co	ent and to accept service of process for the above gnated in this certificate, I hereby accept the ap his capacity. I further agree to comply with the complete performance of my duties, and I am fan tion as registered agent as provided for in Chapt	pointment as provisions o niliar with as	s f all nd

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE I	V-	Manag	ger(s)	or	Managing	Mem	ber((s)	
			-		_			-	

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Zan Wang
·	4540 SW 44th St.
	Ocala, FL34474
MGRM	Yu P Wang
	4540 SW 44th St.
	Ocala, FL34474
	ALECARE
(Use attachment if necessary)	ASSEE
LE V: Effective date, if other than the	e date of filing: (OPTIONA
dective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business day

REQUIRED SIGNATURE:

Signature of a member of 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.)

Many red or printed name of signee

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)