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## FLORIDA/FOREIGN LIMITED LIABII

Tosca Trading, LLC

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### FAX AUDIT # 467000079903

# ARTICLES OF ORGANIZATION OF Tosca Trading, LLC

ARTICLE I

**NAME** 

The name of the limited liability company shall be: Tosca Trading, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company was shall be: 2412 NW 97th Way, Pembroke Pines, Florida 33024-1441.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Richard Allen Medill, 2412 NW 97th Way, Pembroke Pines, Florida 33024-1441. Located in the County of Broward.

ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: 12/31/2046.

OF STATE E. FLORIDA

#### ARTICLE V

#### **MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Richard Allen Merrill, 2412 NW 97th Way, Pembroke Pines, Florida 33024-1441 Maria Alejandra Espinosa, 2412 NW 97th Way, Pembroke Pines, Florida 33024-1441

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Tosca Trading, LLC

The name and address of the registered agent and office is Richard Allen Merrill, 2412 NW 97th Way, Pembroke Pines, Florida 33024-1441. Located in the County of Broward.

Having been named as registered agent and to accept service of process for the above stated 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 the daties, and I am familiar with and accept the obligations of my position as registered agent.

Signature XAM Med M

Date: 12 30 12006