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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 12 D I:



February 16, 2007

ALICIDES LOPEZ 3084 SW 27 AVE. #29 MIAMI, FL 33133

SUBJECT: RICATIC TRADING LLC Ref. Number: W07000008284

We have received your document for RICATIC TRADING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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, plass car (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 507A00017742

Miami March 6, 2007

Agnes Lunt Document Specialist

Subject: Ricatica Trading LLC Letter Number 507A00011742

In answer to Letter Number 507A00011742, please correct the name of the company, correct name (RICATICA TRADING LLC) and the name of the authorized representative, correct name ALCIDES.

Enclosed documents signed as has been requested.

Regards.

Alcides Lopez Authorized representative Ricatica Trading LLC SECRETARY OF STATE AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Rication Tradion (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:			
Alcides Lopez (Name of Person)			
Ricatica Trading LLC			
3084 S.M. 27 Aug # 29			
(Address) TASE 3			
	7		
(City/State and Zip Code) ASS AR TAR TAR TAR TAR TAR TAR TAR TAR TAR	F		
For further information concerning this matter, please call:			
$\frac{\text{PlcideS lope2}}{\text{(Name of Person)}} \underbrace{\text{at}(\frac{786}{\text{CArea Code & Daytime Telephone Number)}}^{\text{ES}} = \frac{1}{5}$			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limited Company," Limited Company," Limited Company, "Limited Comp	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
30845W27Ave+29	P.O. Box 025331 Minmi Fl. 33102-5331
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) The name and the Florida street address of the registration. Alto Suppose Suppos	istered agent are: AHASSET ARY OF STATE OF STAT
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete performancept the obligations of my position as register. Registered Agent's Signature (CONTINUE)	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S
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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)