

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000048751 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146

: (305)444-4994

Fax Number

: (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

POLLUX TRADING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

64. Thomas FEB 2 6 2008

(((H08000048751)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

POLLY TRADIN	G LLC sited Linbilly Company, "L.E.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7377 NVV 174 Terr Nº 100 Mami, FG, 33015	PO BOX 4/6/00 Mami Beach, FL 33/4/
(The Limited Liability Company cannot serve as its business criticy with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or enother sof the registered agent are:
(The Limited Liability Company cannot serve as its business criticy with an active Florida registration.) The name and the Florida street address	
(The Limited Liability Company cannot serve as its business criticy with an active Florida regionation.) The name and the Florida street address Penvalo 7377 Nov	S of the registered agent are:

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to uct 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.

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>l'ifle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Reinalpo Barroeta 7377 NW 174 Terr. Nº 100 Maini, FL, 33015
	STORE ALONG THE STATE OF STATE
	TO STATE
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
Sective date is listed, the date must i days after the date of filing.)	c date of filing; (OPTIO.NA se specific and cannot be more than five business day
fective date is listed, the date must!	e date of filing: (OPTIO.NA oe specific and cannot be more than five business day
Sective date is listed, the date must in days after the date of filing.) REQUIRED SIGNATURE:	e date of filing:

Page 2 of 2