

**LO8000046244**

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.**

((((H08000124763 3)))



H080001247633ABC+

**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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

fm trading, llc

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

1 of 1 Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY - 8 PM 4:11

01/03

EMPIRE CORP KIT

3056339596

**G. MCLEOD**  
MAY - 9 2008  
**EXAMINER**

H08000124763

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**FM TRADING, LLC**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the limited Liability Company is:

6175 N.W. 187<sup>th</sup> Street, Unit G-28  
Miami, Florida 33015

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**LEA A. SALAMA DIMITRI, P.A.  
888 Southeast Third Avenue  
Suite # 400  
Fort Lauderdale, Florida 33316**

*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.*

*Lea Salama Dimitri*  
Lea Salama Dimitri, Registered Agent

**ARTICLE IV: MANAGEMENT**

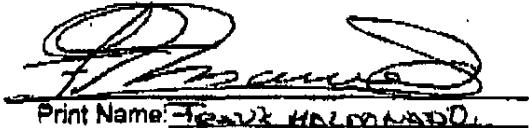
The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Francisco Maldonado 1165 Falls Boulevard Weston, Florida 33327

Signature of Member or Authorized Representative of Member:

H08000124763

HO8000124763



Print Name: David M. Johnson

(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).

HO8000124763