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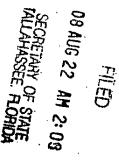
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Special Instructions to Filing Officer:						
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M. THOMAS

AUG 2 5 2008

EXAMINER

COVER LETTER

	egistration vision of C	Section orporations						
SUBJECT	Good	Karma Trading LL	.C					
		(Name of Limi	ted Li	ability Comp	nany)			
The enclose	d Articles	of Organization and fee(s) are	subn	nitted for filir	ig.			
Please retur	n all corres	pondence concerning this mat	tter to	the followin	g:			
Bre	enda Fı	rieri						
			(Nam	ne of Person)				
Go	ood Ka	rma Trading LLC				· · · · · · · · · · · · · · · · · · ·		
			(Fim	n/Company)				
27	00 Cov	e Cay Dr 2-A			*			
			(/	Address)				
Cle	earwate	er, FI, 33760		···	• • • • • • • • • • • • • • • • • • • •		_	
		(Ci	ty/Stat	e and Zip Cod	e)			
For further	information	concerning this matter, pleas	e call	:				
Brenda	Frieri		at (727	, 410-4	504 Telephone Number)		
	(Name	e of Person)		(Area Coo	le & Daytime	Telephone Number)		
Enclosed is	s a check f	or the following amount:					E8 8) ,
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of State		\$130.00 Filing Fee & Certificate of Status	(155.00 Filin Certified Co (additional cop	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	NO AUG 22 AM 2: 03 SECHETARY OF STATE	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Addr ion Section of Corporati Building ecutive Cent	ions er Circle	. 03 	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	<i>י</i> is:					
Good Karma Trading LLC	iability Company, "L.L.C.," or "LLC.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ARTICLE II - Address: The mailing address and street address of the	, , , , , ,	ility Company is:				
Principal Office Address:	Mailing Address:					
2700 Cove Cay Dr 2-A	2700 Cove Cay Dr 2-A					
Clearwater, FI, 33760	Clearwater, FI, 33760					
		 				
The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Brenda Frieri	he registered agent are:	08 AUG 22 AM 2: 03 SECRETARY OF STATE FALLAHASSEE FLORIDA				
2700 Cove Cay D	me r 2-Δ	6 22 AM				
	address (P.O. Box NOT acceptable)	교육 물				
Clearwater, FI, 33		S				
	te, and Zip	を				
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the a acity. I further agree to comply with the e performance of my duties, and I am fa	ove stated limited appointment as e provisions of all amiliar with and				
Registered Agent's Sig	mature (REOLIRED)					

(CONTINUED)
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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Brenda Frieri 2700 Cove Cay Dr 2-A Clearwater, Fl, 33760 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 9/1/2008 . (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 that the facts stated herein are true.)

Brenda

Typed 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)