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SECRETARY OF STATE
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EXAMINER

COVER LETTER

Registration Section

TO:

Division of	Corporations	
SUBJECT:	D7 Trad	ing LLC
	(Name of Limited	d Liability Company)
The enclosed Article	s of Organization and fee(s) are su	ubmitted for filing.
Please return all corr	espondence concerning this matte	r to the following:
	Devin No	orthrop
,	(1	Name of Person)
	D7 Tradi	ng LLC
<u> </u>	(1	Firm/Company)
	8587 Pega	asus Drive
		(Address)
	Lehigh Acres,	Florida 33971
		/State and Zip Code)
	on concerning this matter, please on Northrop	220 220 0652 PAR HO
	ime of Person)	(Area Code & Daytime Telephone Number)
	for the following amount:	PH 12:
_	e \$\sqrt{\$130.00}\$ Filing Fee & [Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	: ited Liability Company	is:	
	D7 Trading	LLC	
(Must	end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr		e principal office of the Limited I	Liability Company is:
Principal Office Add		Mailing Address:	Elability Company is.
8587 Pegasus Drive Lehigh Acres, Florida	33971	SAME	
ARTICLE III - Reg (The Limited Liability Compusiness entity with an acti	pany cannot serve as its own Re	red Office, & Registered Agent egistered Agent. You must designate an ind	t's Signature: lividud of Another LAH:
The name and the Flo	orida street address of th	ne registered agent are:	C 30
	Devin No	orthrop	CYT C
. 	. Na	me	
	8587 Pegas Florida street	sus Drive address (P.O. Box NOT acceptable)	PH 12: 58 OF STATE EF, FLORIDA
_	Lehigh Acres,	Florida 33971 te, and Zip	

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..

Registered Agent's Signature (REOUIRED)

(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:

MGRM	Devin Northrop
MOTOR	8587 Pegasus Drive
	Lehigh Acres, Florida 33971
-	7.0 20
	SECONO.
Liga attachment if necessary)	RETA AHA
Use attachment if necessary)	AR) ASS
LE V: Effective date, if other than the	e date of filing:
ective date is listed, the date must b	be specific and cannot be more than five business
lays after the date of filing.)	TATE
	5
REQUIRED SIGNATURE:	

Devin Northrop

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)