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DIVISION OF COMPORATIONS
TALL ANASSEE, FLORIDA

B. KOHR
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EXAMINER



LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 5	52-5973	Office Use Only f known):
		Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (i	f known):
1. Premier Tr (Corporation Name)	ade USI	7 LLC
	(Document #)	•
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in ☐ Pick up time _ Mail out ☐ Will wait	2 .08 Photocopy	Certified Copy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regi Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	rship
CP2F021/7/07\		Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:
The name of the Limited Liability Company is:
PREMIER TRADE USA LLC
TREMIER TRADE USA LLC (Must end with the words "Limited Liability Company, "L.L.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:
460 SW. 137 NE SUITE 254 SAME MIAMI, FL. 33175
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
RAFAEL DURAN Name
2460 Sw. 137 AVE. SUITE 254 Florida street address (P.O. Box NOT acceptable)
City, State, 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

(CONTINUED)
Page 1 of 2

Registered Regent's Signature (REQUIRED)

<u>[itle:</u> MGR" = Manag MGRM" = Man		Name and Address:
MGRH		IRIS YALDE
	_	2460 SD. 137 NE. SUETE 254
		MEANE, FL. 33175
MGRM		RAFAFI DIRA
		2460 S.W. 137 AVE SUITE 254
		MIAMI FL. 33/75
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