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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Decurred Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C		
SUBJI	ECT:	W	SI TRADE LLC
			ed Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	spondence concerning this mat	ter to the following:
	·		uan J Andreu Name of Person
		ONO I	END POINT CORP
			Firm/Company
		6538	Collins Ave. #71 Address
		Mi	ami, FL. 33141
		Cit	y/State and Zip Code
		E-mail address: (to be used	ndreu@ono.com for future annual report notification)
For fur	ther information	n concerning this matter, pleas	e call:
		n J Andreu e of Person	at (305) 377 4141 Area Code & Daytime Telephone Number
Enclos	sed is a check t	for the following amount:	
]\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

WSITRA	ADE, LLC.
(Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6538 Collins Ave. #71	6538 Collins Ave. #71
Miami, FL - 33141	M'' El 004.44
<u>Ivilatiti, 1 L - 33 141</u>	Miami, FL - 33141
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Juan	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

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 (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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:

"MGR" = Manag "MGRM" = Man		Name and Address:	
MGRM	_	ONO END POINT CORP. 6538 Collins Ave. #71 Miami, FL - 33141	
MGRM		Patricia Burkart-Peixe Rua Pedro Pomponazzi, 623 Ap São Paulo, SP - 04115-000. BR/	
(Use attachment	• ,	CGU	(ODTION)
LE V: Effective	date, if other than the da sted, the date must be s	te of filing: pecific and cannot be more than five	(OPTION <i>A</i> : business da
days after the da	ate of filing.)		
	ate of filing.) GNATURE:	u J. Anderson an authorized representative of a member	<u>.</u>
days after the da	GNATURE: Signature of a member of the control of t	r an authorized representative of a member of 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perju	<u> </u>
days after the d	GNATURE: Signature of a member of this document constitute that the facts stated herein	r an authorized representative of a member of 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perju	er.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)