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SECRETARY OF STATE
TALLAHASSEE FINATE

D. BRUCE

JUN 0 9 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT:	CYPRES	S TRADING, LLC.	
	Name of Limited I	iability Company	_
The enclosed Articles	of Organization and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
		/INO LOPEZ	<u></u>
	Na	me of Person	
	CYPRE	SS TRADING	
	Fir	m/Company	
	100 KINGS	POINT DR. #1817	
		Address	
	SUNNY ISLES	BEACH, FL., 33160	~ .
	City/St	ate and Zip Code	99 98 98
	vinole	esa@aol.com	
	E-mail address: (to be used for f	uture annual report notification)	X .
For further information	on concerning this matter, please ca	ll:	JUN-8 PH 2:
		772 224-4043	F 2. (
Nan	ne of Person	Area Code & Daytime Telephone Number	17E
Enclosed is a check	for the following amount:	_	
☑\$ 125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee FI 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	io
The name of the Limited Liability Company	is:
CYPRESS TRA	ADING, LLC.
	ability 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:
2800 W. CYPRESS CREEK FT LAUDERDALE, FL33309	100 KINGS POINT DR #1817 SUNNY ISLES BEACH, FL., 33160
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are: ALCRE
ETELVIN	IO LOPEZ AHASS
Nan	
100 KINGS PC	DINT DR. #1817
Florida street address (P.	O. Box NOT acceptable)
SUNNY ISLES BEAC	H FL SH Z
City, State	e, and Zip
o o	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as

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)

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" = Manager "MGRM" = Managing Member MGR ETELVINO LOPEZ 100 KINGS POINT DR. #1817 SLINNY ISLES BEACH, FL., 33160 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONA ffective date is listed, the date must be specific and cannot be more than five business day days after the date of filing.) REQUIRED SIGNATURE: Signature of a member flat 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.) ETELVINO LOPEZ Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.00.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)	#MGRM" = Managing Member MGR ETELVINO LOPEZ 100 KINGS POINT DR. #1817 SLINNY ISLES BEACH, FL., 33160 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	Title:		Name and Address:
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