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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
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PICK-UP	MAIT	MAIL
/Rusii	ness Entity Nar	ne)
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· (Doci	ıment Number)	•
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 1 2 2009
EXAMINER

## **COVER LETTER**

	ion Section of Corporations		
SUBJECT:	To	p Trade International	
<del></del>	Name of L	imited Liability Company	
The enclosed Artic	les of Organization and fee(s)	are submitted for filing.	
Please return all co.	rrespondence concerning this	matter to the following:	
		Nathalie Cohen	
		Name of Person	
	Top 3	Frade International, LLC	
		Firm/Company	
	80 \$	SW 8th St., 20th Floor	
		Address	
		Miami, FL. 33130	OSE SE
		City/State and Zip Code	CRE AH
	Patrici	afermin777@hotmail.com	A
	E-mail address: (to be u	sed for future annual report notification)	SE Y
For further informa	tion concerning this matter, p	lease call:	09 NOV 10 PH 12: SECRETARY OF STA
	athalie Cohen	at ( 917 ) 941 5715  Area Code & Daytime Telephone Number	STATE OF C
.N	ame of Person	Area Code & Daytime Telephone Number	A
Enclosed is a chec	ck for the following amoun	t:	
<b>√</b> \$125.00 Filing F	ee \$130.00 Filing Fee Certificate of Status	Certified Copy Certificate	of Status &
		(additional copy is enclosed) Certified C (additional c	Copy opy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

s:	
national, LLC bility Company," "L.L.C.," or "LLC,")	<del></del>
principal office of the Limited Liabilit	ty Company is:
Mailing Address:	
80 SW 8th St.	
Miami, FL 33130	
istered Agent. You must designate an individual of registered agent are:  Cohen c t., 20th Floor D. Box NOT acceptable)  FL	
and Zip  o accept service of process for the above this certificate, I hereby accept the applity. I further agree to comply with the poerformance of my duties, and I am familistered agent as provided for in Chapte  ature (REQUIRED)	pointment as provisions of all niliar with and
	principal office of the Limited Liability  Mailing Address:  80 SW 8th St. 20th Floor Miami, FL. 33130  Ped Office, & Registered Agent's Signistered Agent. You must designate an individual of the registered agent are:  Cohen  Cohen  Cohen  FL  Concept service of process for the above this certificate, I hereby accept the applied in the property of the process of t

(CONTINUED)

## Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
MGR		Nathalie Cohen 80 SW 8th St., 20th Floor Miami, FL 33130	• •
			<u>.</u>
. <del></del>			
411	nt if necessary)		
(Use attachmen			ALAT V
CLE V: Effective effective date is I 00 days after the	isted, the date must b date of filing.)	e date of filing: (OPTIO be specific and cannot be more than five business of	
CLE V: Effective	isted, the date must b date of filing.) HGNATURE:	be specific and cannot be more than five business of	
CLE V: Effective effective date is I 00 days after the	isted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with se	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)