

L100000071178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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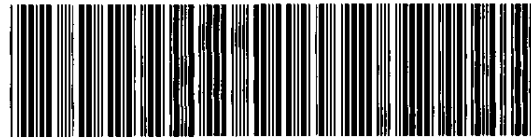
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/25/10--01040--005 \*\*130.00

Effective Date 06/25/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL - 2 PM 2:02

T. HAMPTON

JUL - 6 2010

EXAMINER

64702-30749

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CrediTrade Solutions Limited Liability Co.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Christopher Wilkins  
Name of Person

CrediTrade Solutions LLC  
Firm/Company

6898 Finamore Circle  
Address

Lake Worth, FL 33467  
City/State and Zip Code

rc.wilkins@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. Chris Wilkins at (561) 346-3687  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUL -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 28, 2010

ROBERT CHRISTOPHER WILKINS  
6898 FINAMORE CIR  
LAKE WORTH, FL 33467

SUBJECT: CREDITRADE SOLUTIONS LLC  
Ref. Number: W10000030749

We have received your document for CREDITRADE SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 25, 2010. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00015829

Effective Date 06/25/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CreditTrade Solutions 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:

6898 Finamore Circle  
Lake Worth, FL 33467

#### Mailing Address:

6898 Finamore Circle  
Lake Worth, FL 33467

### 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:

Steven H. Machiela, CPA  
Name

1035 S. State Rd. 7, Ste. C-215  
Florida street address (P.O. Box NOT acceptable)

Wellington FL 33414  
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..*

Steven H. Machiela CPA  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

Robert Christopher Wilkins  
6898 Finamore Circle  
Lake Worth, FL 33467

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-25-2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an 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.)

Robert Christopher Wilkins  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL -2 PM 2010