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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. LIVE TRADING ACADEMY GROUP LLC

RECEIVED
OULZO AM 6:31
SECHTIANY OF STATE
ALLAHASSEE, FLORIDA

Certificate of Status
Certified Copy

Page Count 03
Estimated Charge \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Live Trading Ac	Ademy Group LLC.	
(Must end with the words "Timited Liabili	ty Company, L.L.C.," or "LLC."	
7		
ARTICLE II - Address:	and the same of	
The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10481 . N. Kendall Dr.	Camp	
10981 10, NERODIE	Samo	
1414N F1 29 176		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	i Office, & Registered Agent's Signature: tered Agent You must designate an individual or another	
The name and the Florida street address of the r	registered agent are:	
	112	η
COSAR C.	Torgun Six of	= .
- HIAMI	M. Kendal DY dress (P.O. Box NOT sceeptable) FL 33176	
City, Stato,	and Lip	

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 Synature (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		
MANAGEN	COSAR C Forton	
	1842 SW 174 STYER HEAM FT 33157	
MANAGINA Member	Relando Cerit	
Managing Hember	3230 NW 18 Terr	•
Managera Hanhar	Angela H. Rodrigues	
1-12 (1) The state of the state	19502 Sw /122	Street
	HIAM! F1 23176	,
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	ate of filing: (Ol	PTIONAL)
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five busi	ness days prior
	• • • • • • • • • • • • • • • • • • •	
REQUIRED SIGNATURE:		NO JI SECF
·	NIVA	FIL JUL 20 CRETAR LAHASS
Signature of a member of	or ap authorized representative of a member.	LED O AM RY OF SSEE,
	on 608,408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	H 8: FLO
of this document constitue that the facts stated her	tes an affirmation under the penalties of perjury	ATE 23
L'OSA/ C	_ †OC+VY) d 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 5.00 Certificate of Status (Optional)

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