Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**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. ARTZE TRADING & CONSULTING, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu CLEOPelp

OCT 28 2010

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
ARTZE TRADING & CONSU	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address; The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
601 Minola Dr. Miami Springs, FL 33166	PO Box 420456, Miami, FL 33242-0456
	red Office, & Registered Agent's Signature: gistored Agent. You must designate an individual or another
The name and the Florida street address of th	e registered agent are:
TERESA MARGOLL	ES CAR O
Nan	BO ARR OCT
601 Minola Dr.	ES ALLAHASSE
Florida street	address (P.O. Box NOT acceptable)

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.

City, State, and Zip

_{EL} 33166

Registered Agent's Signature (REQUIRED)

Miami Springs

(CONTINUED)

Page 1 of 2

<u>ئ</u>.

Tereso Mergolles 601 Minola Dr. Mami Springs, FL 33166 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIO) ffective date is listed, the date must be specific and cannot be more than five business of days after the date of filing.) REOURED SIGNATURE: (In accordance with section 609.408(3), Florida Statutes, the execution of this document constitutes an affincation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Teresa Margolles	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
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5125.60 Filing Fee for Artleles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)