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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC
Account Number : 120090000072
Phone : (954) 389-0729
Fax Number : (954) 337-6346

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

Email Address: info@westoncq.com

RECEIVED
11 JAN 18 PM 4:25
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**FLORIDA LIMITED LIABILITY CO.
TRADING LOGISTIC INTERNATIONAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 19 2011

EXAMINER
01/18/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TRADING LOGISTIC INTERNATIONAL 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:9383 NW 13TH STREETMIAMI, FL 33172**Mailing Address:**SAME**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:

WESTON CORPORATE ADMINISTRATION LLC

Name

2625 WESTON ROADFlorida street address (P.O. Box **NOT** acceptable)WESTONFL 33331

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:MGR

Rafael Jose Salazar Mago
 9383 NW 13TH STREET
 MIAMI, FL 33172

MGR

Yuly Keyla Ramirez Azuaje
 9383 NW 13TH STREET
 MIAMI, FL 33172

DIRECTOR

Rafael Jose Salazar Mago
 9383 NW 13TH STREET
 MIAMI, FL 33172


DIRECTOR

Yuly Keyla Ramirez Azuaje
 9383 NW 13TH STREET
 MIAMI, FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

X 
 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. 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.)

Rafael Jose Salazar Mago

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)

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