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SECRETARY OF STATE
TALL AHASSEF FLORIDA

T. CLINE
MAY - 9 2011
EXAMINER

COVER LETTER

TO: Registration of Division of	on Section Corporations						
SUBJECT: HRI	B INTERNATIONA	L TRADING	3 LLC				
<u></u>	Name of Limi	ted Liability Compa	any				
The enclosed Article	es of Organization and fee(s) are	submitted for filing	g.				
Please return all con	respondence concerning this mat	tter to the following	; :				
<u>PHILLI</u>	P ARENA						
		Name of Person					
 	······································	Firm/Company		· · · · · · · · · · · · · · · · · · ·		_	
6519 N	W 103 TER						
		Address		· · · · · · · · · · · · · · · · · · ·			
PARKI A	ND, FLORIDA 3307	6					
		ty/State and Zip Code		<u> </u>			
PARENA	123@AOL.COM				TAT SE	201	
	E-mail address: (to be used	for future annual repo	ort notification)		CRE	200	9.MG
For further informat	ion concerning this matter, pleas	e call:			TAR	201 1 FLAY - 5	r
PHILLIP ARE	NA	at (305	975-4577		Y OF		r
Na	ime of Person		& Daytime Tel	ephone Number	STATE	至りる	Ţ
Enclosed is a chec	k for the following amount:				AGIF	6	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional copy	ру	\$160.00 Fill Certificate of Certified Co (additional cop	of Status		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation building ecutive Center see, FL 32301	ıs			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HRB INTERNATIONAL TRADING 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:	Mailing Address:
451 SE 8 STREET	6519 NW 103 TER
HOMESTEAD, FL. 33030	PARKLAND, FL. 33076

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:

PHILLIP ARENA	
N	lame
6519 NW 103	TER
Florida stre	et address (P.O. Box NOT acceptable)
PARKLAND	_{FL} 33076
Ci	ty, 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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PHILLIP ARENA
	6519 NW 103 TER
	PARKLAND,FL.33076
MGRM	ROMMEL BLAISE
	9232 SW 154 CT
	MIAMI, FL. 33196
(Use attachment if necessary)	the data of filing: (OPTIONA
CLE V: Effective date, if other than	the date of filing: (OPTIONA st be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must	the date of filing: (OPTIONA st be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	mber of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 609.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for	mber of an authorized representative of a member. a 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REOUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for	mber of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of Slate elony as provided for in s.817.155, F.S.)