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SECRETARY OF STAFE

T. CLINE

AUG - 9 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					4.	
SUBJE	CCT: MIM Trading L	LC.	Liability Cor	npany			
	closed Articles of Organization			_			
Please	return all correspondence conce	rning this matter	to the follow	ing:			
	lan Chizar						
		N	ame of Person				
	MIM Trading LLC						
•			imn/Company				
	3174 NW 84 Ave						
•			Address				
(Sunrica Florida 333	51					
Sunrise, Florida 33351 City/State and Zip Code							
ian@ianchizar.com							
_	E-mail addro	ess: (to be used for	future annual	report notification)		
For furt	her information concerning this	matter, please c	all:				
ian C	hizar	s	_{at (} 561	, 541-692	9	Po B	
	Name of Person			ode & Daytime T	elephone Number	ZOLI AUG SECRET ALLAHA	الى ساد غ
Enclos	ed is a check for the following	ig amount:				JG -8 ETAR) HASS	angan nika Linakata E
\$125.00	Filing Fee \$130.00 Fil Certificate	_	Certified (iling Fee & Copy copy is enclosed)	\$160.00 Filing Certificate of Certified Copy (additional copy	Fee, P	errenens
	Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Regist Divisi Clifto 2661	/Courier Addre ration Section on of Corporation Building Executive Cente lassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	1 OH LOHD LAWING LAWING
ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
MIM Trading LLC.	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3174 NW 84 Ave Sunrise, Florida 33351	3174 NW 84 Ave Sunrise, Florida 33351
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
The name and the Florida street addres	ss of the registered agent are:
lan Chizar	

lan Chizar
Name
3174 NW 84 Ave
Florida street address (P.O. Box NOT acceptable
Sunrise, Florida 33351 _{FL}
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)

Page 1 of 2

SECRETARY OF STATE

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
CEO/CFO	Ian Chizar 3174 NW 84 Ave Sunrise, Florida 33351
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
lan Chizar	AAA G
Тур	ped or printed name of signee
Filing Fees:	nization and Designation
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	