

L11000107676

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
ILHABELA TRADING L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ILHABELA TRADING L.L.C.

(Must end with the words "Limited Liability Company, "LLC.," 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:8835 S.W. 107TH AVE #345
MIAMI, FL 33176-1411

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:

MIGUEL A. FLORES

Name

8835 S.W. 107TH AVE #345Florida street address (P.O. Box NOT acceptable)MIAMI FL 33176-1411

City, State, and Zip

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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

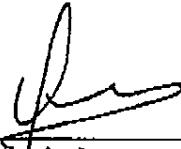
"MGRM" = Managing Member

Name and Address:MGRMIGUEL A. FLORES8835 S.W. 109TH AVE #845MIAMI, FL 33176-1411MGRMMARIA LUCIA DE ALMEIDA LEITE8835 S.W. 109TH AVE #845MIAMI, FL 33176-1411MGRMLUIS A. VAREAS PIZZOLANTE8835 S.W. 109TH AVE #845MIAMI, FL 33176-1411MGRMGUSTAVO A. FLORES8835 S.W. 109TH AVE #845MIAMI, FL 33176-1411

(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:

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.)

MIGUEL A. FLORES

Typed or printed name of signee

STATE
TALLAHASSEE
FLORIDA

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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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