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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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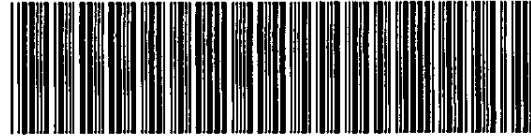
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

NOV 21 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orion USA Trading Company, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melinda Grimaldi

Name of Person

Law Office of Melinda Grimaldi, P.L.

Firm/Company

2550 N. Federal Hwy, Suite 12

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

melinda@grimaldi-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melinda Grimaldi

Name of Person

at (954) 491-8707

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Orion USA Trading Company, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

21055 NE 37th Ave., Suite 2206
Aventura, Florida 33180

Mailing Address:

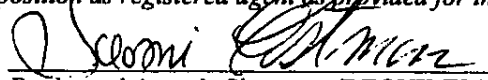
21055 NE 37th Ave., Suite 2206
Aventura, Florida 33180.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Naomi Eastman
21055 NE 37th Ave., Suite 2206
Aventura, Florida 33180

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)

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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:

"MGR" = Manager

"MGRM" = Managing Member


Title:
MGRM

Name and Address:
Naomi Eastman
21055 NE 37th Ave., Suite 2206
Aventura, Florida 33180

ARTICLE V: Effective date:

The effective date shall be 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.)

NAOMI EASTMAN
Typed or printed name of signee

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TALLAHASSEE, FLORIDA