00060755 Division of Corporations Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694

Fax Number

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

Email	Address	:
		-

FLORIDA LIMITED LIABILITY CO. TRADECO INTERNATIONAL GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

B. BOSTICK

Electronic Filing Menu Corporate Filing Menu

EMPIRE CORP KIT

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MAY - 7 2012

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5/4/2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

The Robert Tutal National Group CCC

(Must end with the words "Limited Liability Company, "L.L.C.," A "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:
1504 BAN Rd Ste 826 MI AM BEACH FL 3 2103	SAME.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	d Office, & Registered Agent's Signature stered Agent, You must designate an individual or another

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

business entity with an active Plorida registration.)

ARTICLE I - Name:

Name

ISOY BAY Ed. Sty 826

Florida street address (P.O. Box NOT acceptable)

MINNI BENCH PL 33/39

City State and Zin

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

The name and address of each Manager	
Title: "MGR" - Manager "MGRM" = Managing Member	Name and Address:
MGR	Emilio DACARET. 150x AAY Rd. STE 226 MIRAI BEACH. 11 32139
	12 MAY - 4
, <u></u>	AM 7: 44 CIT FLOADA
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
ے	Dacocally
Signature of a member or	an authorized representative of a member,
constitutes an affirmation under the I am aware that any false information constitutes a third degree folony as	
Typed	or printed name of signee
Filing Fees:	
\$125.00 Filing For for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation

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