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B. BOSTICK

OCT **3 1 2012** 

## COVER LETTER

| TO: Registration Section  Division of Corporations  |
|---|
| SUBJECT: Trade Purchasing 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:   |
| Jessica L. McDonald Name of Person  |
| Trade Purchusing Company LLC Firm/Contpany  |
| 514 NW LAMbrusco D. Address   |
| Port St. Lucie FL 34986 City/State and Zip Code   |
| TPC. CO. LLC Ognail. Com  E-mail address: (to be used fortuture annual report notification)   |
| For further information concerning this matter, please call:  |
| Jessica McJonald at 772 215-9071  Name of Person Area Code & Daytime Telephone Number 200   |
| Enclosed is a check for the following amount:   |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| Mailing Address Street/Courier Address  |

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| TRAde Purchasing (Must end with the words "Limited Liability)  | ty Company, L.L.C., "or LLC.")  |
|--|---|
| <b>ARTICLE II - Address:</b> The mailing address and street address of the pri   | ncipal office of the Limited Liability Company is   |
| Principal Office Address:  | Mailing Address:  |
| 514 NW LAMBRUSCO Dr<br>Port St. Lucie FL 34986   | 514 NW LAMBRUSEO Dr<br>Port St. Lucie FL34986   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)   | ered Agent. You must designate an individual or another   |
| The name and the Florida street address of the response of the | Son A I d   |
| Florida street addi  | ess (P.O. Box NOT acceptable)   |
| liability company at the place designated in the registered agent and agree to act in this capacity.   | ccept service of process for the above stated limited<br>his certificate, I hereby accept the appointment as<br>. I further agree to comply with the provisions of a<br>formance of my duties, and I am familiar with and |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## **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  |  |
|---|--|
| MGR   | HATTY E MCDONALD<br>514 DW LAMBRUSCO<br>PORT St. LUCIE FC 3494 |
|   |  |
|   |  |
| (Use attachment if necessary)   |  |
| CLE V: Effective date, if other than the date of filing: (OPTI effective date is listed, the date must be specific and cannot be more than five busines 0 days after the date of filing.) |  |

Signature of a member of 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.)

HARRY E McDon Ald
Typed or printed name of signee

### Filing Fees:

**REQUIRED SIGNATURE:** 

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)