L12000/39011

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| W12000052817 |

Office Use Only



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D. BRUCE

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2012

MANFREDDY LOPEZ 7721 NW 7 ST #815 MIAMI, FL 33126

SUBJECT: M&N GLOBAL TRADE Ref. Number: W12000052817

We have received your document for M&N GLOBAL TRADE and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Cmpany" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited ADD Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cale (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00025397

COVER LETTER

| TO: | Registration Section Division of Corporations M&N GLOBAL TRAC | DE LLC | | | |
|----------|---|--|---------------|--------------------|-------|
| SUBJI | Name of Limited L | iability Company | - | | |
| The en | closed Articles of Organization and fee(s) are subm | nitted for filing. | | | |
| Please | return all correspondence concerning this matter to | the following: | | | |
| | MANFREDDY LOPEZ | | | | |
| | Nan | ne of Person | | | |
| | M&N GLOBAL TRADE | LLC | | | |
| | Firm | n/Company | | | |
| | 7721 NW 7 ST #815 | | | | |
| | | Address | SE | だ | |
| | MIAMI, FL, 33126 | | CRE | 007 | |
| | City/State and Zip Code | | | | - Y |
| | manfredy65@hotmail.com E-mail address: (to be used for fu | tura annual report notification) | | \$ | FILED |
| For fur | ther information concerning this matter, please call | | STAI FLORI | 12 OCT 31 PM 2: 40 | |
| NUBI | BY E RAMIREZ | (904) 476-0513 | D E | 0 | |
| | Name of Person | Area Code & Daytime Telephone Number | - | | |
| Enclos | sed is a check for the following amount: | | | | |
| \$125.00 | Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | atus & | | |
| | 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 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI

M&N GLOBAL TRADE LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," 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: | |
|--|---|--------------------------|
| 7721 NW 7 ST # 815 MIAMI, FL, 33126 | 7721 NW 7 ST # 815 MIAMI, FL, 33126 | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | stered Agent. You must designate an individua | |
| The name and the Florida street address of the | registered agent are: | ASAS |
| NUBBY E RAMIRE | Z | ARY SSEE |
| Name | ; | |
| 7721 NW 7 S | ST # 815 Idress (P.O. Box <u>NOT</u> acceptable) | 2: 40 STATE LORIDA |

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 portion as registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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 | MANFREDDY LOPEZ | |
| | 7721 NW 7 ST # 815 | |
| | _MIAMI, FL, 33126 | |
| MGR | NUBBY E RAMIREZ | |
| | 7721 NW 7 ST #815 | |
| | MIAMI, FL, 33126 | |
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| | | —— For s |
| | | 2 7 |
| (Use attachment if necessary) | | STATE LORIDA |
| LE V: Effective date, if other than th | e date of filing: | . (OPTIONAL) |
| | be specific and cannot be more than five | |

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.)

MANFREDDY LOPEZ
Typed of printed name of signee

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)