12731/20:	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown					
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	To: Division of Corporations Fax Number : (850)617-6383 From:					
·	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**					
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RECEIVED	FLORIDA LIMITED LIABILITY CO. LINDFIELD TRADING LLC YOURDA Certificate of Status Certificate of Status Certified Copy Page Count Estimated Charge \$130.00					
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

LINDFIELD ELD TRADING LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

12/31/2030 04:41

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

Principal Office Address:

Mailing Address:

8971 SW 72NOST 1 NUALU 23173 FLOR

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 aptive Florida registration.) Ξ.

The name and the Florido streat address of the registered grant are:	·····	3	
The name and the Florida street address of the registered agent are:]=+ 115 175 }		····.
ARIEZ HERNANDEZ-GARCIA	366 M 4 4 6 - 24 M	8	ي ۲ بندودونه
Name	در الله الله الله الله الله الله الله الل	α	•= •
8971 SW 72ND ST, APT 326		٨ŀ	
Florida street address (P.O. Box NOT acceptable)		ထု	States 1
MilAci, 33173 FL		43	
City, State, and Zip	-		

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.

Signature (REQUIRED) Registered Acent' (CONTINUED) Page 1 of 2

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	H 1	: 3000038116	
ARTICLE The name a	IV- Manager(s) or Man and address of each Mana	aging Member(s): ger or Managing Member is as follows:	
<u>Title:</u> "MGR" = N "MGRM" =	Manager - Managing Member	Name and Address:	
MGR	<u>M</u>	ARIEZ HERMANDEZ-GARCI 8971 SU 72"DST, APT. 3 MIANI, 33173, FLORIDA	4
			·
(Use attach	nment if necessary)	÷	
(If an effective dat	ective date, if other than the is listed, the date must the date of filing.)	be specific and cannot be more than five busin	TIONAL) ess days prior
REQUIR	<u>ED</u> SIGNATURE:	A	
	Signature of a mem	ber or an authorized representative of a member.	
	constitutes an affirmation un I am aware that any false infi constitutes a third degree fek	68,498(3), Florida Statutes, the execution of this docume der the penalties of perjury that the facts stated herein are dermailon submitted in a document to the Department of S ony as provided for in s.817.155, F.S.)	true.
	ARIEL	HERNALDER GARCIA Typed or printed name of signee	·
		· · ·	
		Page 2 of 2	
	13 1 -	: 10000058410	