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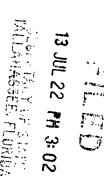
(Requesto	r's Name)
(Address)	
(Address)	<del></del> .
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	CT:	1 a 1 C	ommodities	<b>22. 3</b>
1,0000			d Liability Company	<u> </u>
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing.	13 JUL 22 TH
Please	return all correspo	ondence concerning this matte	er to the following:	
		Luc	gayot Name of Person	FM 3: 02
			modifies Firm/Company	
		2300 Su	UG8 Terrace	<del></del>
		Miramar	Florida 330 V/State and Zip Code	23
		uc 4045 a a E-mail address: (to be used for	or fitture annual report notification	
For fu	ther information o	concerning this matter, please	call:	
	Luc C	Payot of Person	at ( 305) 743 - Area Code & Daytime Tele	- 5545 phone Number
Enclo	sed is a check fo	or the following amount:		
<b>#</b> \$125	.00 Filing Fce	□\$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 Addre s Registration Section Division of Corporation Clifton Building 2661 Executive Center (	s

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITI D LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	#5. 22 F
La Commodition	s LC
(Must end with the words "Limited Liability	ly Company, "L.L.C.," o "LLC.")
ADTICL TO THE ALL	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
the maining address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address
2300 541 68 Tarrace	2300 SW 68 Terrece
23005W 68 Terrac= Miramar Florida 33023	M ivausor
Florida 33023	Miraner Flor da 33023
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registed business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Luc Ga	$\mathcal{L}_{0}\mathcal{T}$
Name	
810 NE 125	Street
Florida street add	ress (P.O. Box <u>NOT</u> ac eptable)
Miami F/	FL 3306/
City, Sta	te, and Zip
Having been named as registered agent and to a	accept service of process for the above stated limited his certificate. Thereby accept the appointment as
	ty. I further agree to comply with the provisions of
	performance of my luties, and I am familiar with
and accept the obligations of my position as reg	gistered agent as provided for in Chapter 608, F.S.
/ //	
A Comment	4-7-1
Registered Agent's Signature	ire (REOTTO-RD)

(CONTINUED)

Page 1 of 2

ARTICLE IV. Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is: s follows:

<u>Title:</u> "MGR" = Manager	Name and Address:						
"MGRM" = Managing Member	Luc Ga 10 t 810 NE (255+ miem: +7 33/6/						
·		 ಪ 					
(Use attachment if necessary)		1 22 PM 3					
RTICLE V: Effective date, if other than the d f an effective date is listed, the date must l rior to or 90 days after the date of filing.)	late of filing: OP be specific and cannot be more than five	TIONAL)					
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 perjuty 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.)							
	Gays +						
Туре	ed or printed name of signee						
Filing Fees:							
\$125 00 Filing Fee for Articles of Organiz	zation and Designation						

of Registered Agent

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