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EXAMINGS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

ZAMORA TRADE SERVICES, 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:

Hisrael Zamora Name of Person ZAMORA TRADE SERVICES, LLC Firm/Company 9717 Fox Chapel dr. Address Tampa, Fl 33647 City/State and Zip Code zamora12@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hisrael Zamora Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **△**\$130.00 Filing Fee & □ \$160.00 Filing Fee, **□\$125.00** Filing Fee □\$155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZAMODA TOADE O	TDV1050 110		
ZAMORA TRADE S	<u> </u>	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		the principal office of the Limited Lie	ability Company is:
The manning add	icss and succe address of	the principal office of the Elimed Eli	aomity Company is:
Principal Office	Address:	Mailing Address:	
9717 Fox Chapel dr.		9717 Fox Chapel dr.	
Tampa, fl 33647		Tampa, fl 33647	
business entity with	- active Cleride equipment on \		
The name and th	-	f the registered agent are:	ZOIS NOV
The name and th	e Florida street address o	f the registered agent are:	2013 NOV 12
The name and th	e Florida street address o		OS C.
The name and th	e Florida street address o Hisrael Zamora 9717 Fox Chapel Dr.		OS C.
The name and th	e Florida street address o Hisrael Zamora 9717 Fox Chapel Dr. Florida str	Name reet address (P.O. Box <u>NOT</u> acceptable) 7 33647	OS C.
The name and th	e Florida street address o Hisrael Zamora 9717 Fox Chapel Dr. Florida str	Name reet address (P.O. Box NOT acceptable)	2013 NOV 12 AK 11: 29

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Hisrael Zamora		
	9717 Fox Chapel Dr.		
	Tampa, Fi 33647	_	
		_	
		-	
		_	
		_	
		-	
(Use attachment if necessary)			
ICLE V: Effective date, if other than the d	late of filing: (OPTIC	ONAL)
n effective date is listed, the date must l to or 90 days after the date of filing.)	be specific and cannot be more than five bu	siness	days
DECLUDED CICNATUDE.	ੜ	2	
REQUIRED SIGNATURE:		<u> </u>	
	AHAS	2013 NOV 12	PROFESSION AND ADMINISTRATION OF THE PROFESSION AND ADMINISTRATION OF THE PROFESSION AND ADMINISTRATION AND
Signature of a member	or an authorized representative of a member.		<u> </u>
constitutes an affirmation under the	08(3), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State	AK III: 29	
Hisraet Zamora			
Туре	ed or 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)