Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000124278 3)))



H140001242783ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

: (305)634-3694 Phone Fax Number : (786)409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

## FLORIDA LIMITED LIABILITY CO. VENEBRAS TRADING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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5/27/2014 p10Z/6Z/90

https://cfile.sunbiz.org/scripts/efilcovr.exe

9696669966



May 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: VENEBRAS TRADING, LLC

REF: W14000033300

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

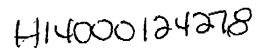
If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H14000124278 Letter Number: 414A00011512

2014 MAY 29 AM 10: 00

P.O BOX 6327 - Tallahassee, Florida 32314





## COVER LETTER

	ration Section n of Corporations		
SUBJECT:	VENEBR. Name of L	AS 772ADING, LLC. imited Liability Company	<u>.</u>
The enclosed Ax	ticles of Organization and fee(s)	are submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
		e Lina	
		Name of Person	
		Firm/Company	
	12900 N. C	PARUSA CLUBDR.	
<del>,,</del>		Address	
	MARIL	Chy/State and Zip Code  Chy/State and Zip Code	
		Chy/State and Zip Code	
<u>.</u>	E-mail address:	(to be used for future annual report notification)	
For further infor	mation concerning this matter, pl		
Troc	- malana w	305 929-9779	
	ame of Person	Area Code Daytime Telephone Number	
Miclosed is a ch	ck for the following amount:		
\$125.00 Filing F	See S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

AKTICLESUFURGANIZA	ELIUM PUR PURIDA.	CHAILTED LIVERITITA COMBAL	ďΥ	
ARTICLE I - Name: , The name of the Limited Liability Company	is:			
VENERCAS 7	DADING	-, 440		
VENERCAS / (Must end with the wor	ds "Limited Liability	Company, "L.L.C.," or "LLC.	")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the	e Limited Liability Company i	is:	
Principal Office Address:	Malling Addre	<u>\$8:</u>		
12900 N. CAWSAC	ing Da.	SAME		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serv another business entity with an active Florid	e as its own Registere		an individual or	
The name and the Florida street address of the	ne registered agent are	:		
<u> </u>	se Lin	10		
10000	Name	- ALI 20		
12900	N. Call	150 Club DIZ	•	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)		
<u>Miami</u>	PL	33186		
Cit	у	Zip		
Having been named as registered agent and the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I can familiar with and a Registered Ag	ereby accept the appoint provisions of all status	intment as registered agent and tes relating to the proper and c f my position as registered age S.,	l agree to act in this complete performanc	NE .
·			2 2	
	Continued)			
	Page 1 of 2	·	MAY 29 AM IO: OO	
			AM IO: 00 BEISTATE FEORIDA	12.5

\$10Z/6Z/SØ

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(Use attachment if necessary)  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Effective date, if other than the date of filing:  E. V. Other provisions, if any.  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b) Horida Statutes, the execution of this document constitutes an affirmation under the penalties of penulty 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 islony as provided for in s.817.155, F.S.)  T. S. E. L. J. A.  Typed or printed name of signee  Filing Fees:	(Use attachment if necessary)  (OPTIONAL)  (OPTIONAL)  (In accordance with section 605,0203 (1) (b), Thorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are fruction at a new network and any false information submitted in a document to the Department of State constitutes a third degree islony as provided for in s.817.155, F.S.)  (In accordance with section 605,0203 (1) (b), Thorida Statutes, the execution of this document constitutes a third degree islony as provided for in s.817.155, F.S.)  (In accordance with section 605,0203 (1) (b), Thorida Statutes, the facts stated herein are fruction of this document to the Department of State constitutes a third degree islony as provided for in s.817.155, F.S.)	Title:	Name and Address:
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