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K.SALY EXAMINER JUN 25 2014

COVER LETTER

TO: Registration Division of (n Section Corporations		
SUBJECT: <u>INDUS</u>	TRADE LLC Name of Lin	nited Liability Company	······································
	s of Organization and fee(s) as	-	
<u>BIJU K N</u>	IAIR	Name of Person	
INDUS T	RADE LLC	Firm/Company	
<u>9420-20</u>	4 WINDERMERE LAKE DI	RIVE Address	
RIVERV	IEW ,FLORIDA,33578	City/State and Zip Code	
industradellc@g	gmail.com E-mail address: (to be use on concerning this matter, ples	d for future annual report notifica	ation)
BIJU K NAIR	at (§	<u>313</u>) <u>444 6307</u>	lephone Number
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☑\$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)
Ma	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
INDUS TRADE LLC	20 30 1
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Service of the servic
The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9420-204 WINDERMERE LAKE DRIVE RIVERVIEW,FLORIDA,33578	9420-204 WINDERMERE LAKE DRIVE RIVERVIEW,FLORIDA,33578
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its of another business entity with an active Florida registr	own Registered Agent. You must designate an individual or
The name and the Florida street address of the register	ered agent are:
BIJU K NAIR	
Na	ame
9420-204 WINDERMERE	LAKE DRIVE
Florida street address (P.O.	
RIVERVIEW	FL 33578
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	of service of process for the above stated limited liability company at a company at a composition as registered agent and agree to act in this constant of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in thapter 605, F.S

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MBR	BIJU K NAIR,9420-204 WINDERMERE LAKE
NAIDL	DRIVE, RIVERVIEW, FLORIDA, 33578
	DITTE HAVE TO THE TENT OF THE PROPERTY OF THE
	
	
	<u></u>
V: Effective date, if other than the citive date is listed, the date must be	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or s
V: Effective date, if other than the cative date is listed, the date must be filling.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or s
Use attachment if necessary) V: Effective date, if other than the citive date is listed, the date must be filling.) VI: Other provisions, if any.	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the of tive date is listed, the date must be filling.) VI: Other provisions, if any. REOUIRED SIGNATURE:	specific and cannot be more than five business days prior to or s
V: Effective date, if other than the outive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or sometimes of a member or an authorized representative of a member.
V: Effective date, if other than the of tive date is listed, the date must be filling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 1605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the of tive date is listed, the date must be filling.) VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. 1607.0203 (1) (b) and the facts stated herein are true.
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