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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

The state of the s

June 9, 2014

ABSHALOM MARTINEZ 1250 S MIAMI AVE SUITE 2902 MIAMI, FL 33130

SUBJECT: TRADEPLUS LLC. Ref. Number: W14000035607

We have received your document for TRADEPLUS LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00012374

COVER LETTER

	tion Section of Corporations		
SUBJECT:	TRA	DEPLUS LLC.	
	Name of Lir	nited Liability Company	
The enclosed Artic	cles of Organization and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this m	atter to the following:	
·		Abshalom Martinez	
		Name of Person	
-		TRADEPLUS LLC. Firm/Company	
		1 in Company	
	1250 Sout	th Miami Ave. Suite # 2902 Address	
		Miami, Florida 33130 City/State and Zip Code	
	E mail addresse (to be use	d for future annual report notifica	tion
For further information	ation concerning this matter, plea	•	
Abshalom Martir	Name of Person	347) 399-2014 Area Code Daytime Tel	lephone Number
Enclosed is a chec	k for the following amount:		
l \$125.00 Filing Fed	e \$\Boxed{\subseteq}\$\$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	Street/Courier Add	ress
I	Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporat Clifton Building	ions
	F.O. Box 6327 Fallahassee, FL 32314	2661 Executive Cent Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
TRADEPLU	ISILC
	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1250 South Miami Ave. SUite # 2902 Miami, Florida 33130	1250 South Miami Ave. SUite # 2902 Miami. Florida 33130
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	m Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	ed agent are:
Absalom_1	
Nan	ne
1250 South Miami Florida street address (P.O. B	
Miami	FL 33130
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the c	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
(CONTIN	(UED)
Page 1 o	rt2

<u> [itle:</u>		Name and Address:	
AMBR" = Authorized	Member		
MGR" = Manager			
AMBR		Absalom Martinez	
		1250 South Miami Ave. SUite # 2902	
		Miami, Florida 33130	
			 -
Use attachment if nece			
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ARTICLE IV-