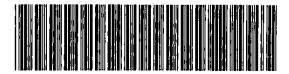
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE OF CERPORATIONS

W. 10 2014 HARRIS

COVER LETTER

то:	Registration Division of	n Section Corporations		
SUBJE	ст: <u>V</u>	Norld Tro	ader LLC: imited Liability Company	
The enc	losed Articles	of Organization and fee(s)	are submitted for filing.	
Please r	eturn all corre	spondence concerning this r	matter to the following:	•
		Le	Vis Barrera Name of Person	
			Name of Person	
		n	Orld Trade Firm/Company	? r
			Firm/Company	
		310	2 Nw 88 Address	St
		Miami	FL 331 City/State and Zip Code	47
			Nid 004 @ 6 mo ed for future annual report notific	
For furtl	ner informatio	on concerning this matter, ple		autori)
	UiS Nar	Barrera at (786 619 Area Code Daytime To	- 6042 elephone Number
Enclose	d is a check fo	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	tress

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



June 11, 2014

LUIS BARRERA 3102 NW 88 ST MIAMI, FL 33147

SUBJECT: WORLD TRADER LLC Ref. Number: W14000036278

We have received your document for WORLD TRADER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: WORLD TRADERS, INC, document number P13000013677.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 014A00012626

14 .IIII IO PM L: 28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·		
The name of the Limited Liability Company is:	ld Trader Broth	ers	LLC
Market Anna			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3102 NW 88 5+	3102 NW 885+		
3102 NW 88 5+ Miami FL 33147	Miami FL 33147		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an in	ıdividua	l or
The name and the Florida street address of the registered			
Name 3102 NW Florida street address (P.O. Box	Barrera		
Name			
3102 NW	88 5+		
Florida street address (P.O. Box	: NOT acceptable)		
Miami	FL 33147 Zip		
City	Zīp		
J	I the appointment as registered agent and ag of all statutes relating to the proper and comp ligations of my position as registered agent a ter 605, F.S.	ree to ac plete per	ct in this formance
Registered Agent [©] s Signa	ture (REQUIRED)		므
(CONTINU	ED)	14 JUL 10 PH 4:	SECRE!
Page 1 of 2		0.1	25.5
		PM	작으로 977
		!.	至

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG K	Luis Barrera
	3102 NW 88 ST
	Miami FL 33147
MGR	Alejandro Barrera
	428 SW 5 Ave Apt 403
· ·	Miami FL 33130
	
Use attachment if necessary)	
ctive date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
ctive date is listed, the date must be speci f filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
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ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memil (In accordance with section 605.6	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document
CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical forms of the specific street of the sp	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
Cive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memil (In accordance with section 605.6 constitutes an affirmation under the I am aware that any false information in the section is a section of the section in the section in the section is a section of the section in the section is a section of the section in the section is a section of the section in the section is a section of the section in the section is a section of the section of the section is a section of the section in the section is a section of the section of the section is a section of the secti	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document
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Cive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meml (In accordance with section 605.6 constitutes an affirmation under the second of the	ber or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
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Signature of a memical filling and the special filling.) Signature of a memical filling and the special filling. Signature of a memical filling accordance with section 605.6 constitutes an affirmation under the section formation and the section formation that any false information section formation that any false information that section formation that any false information that section formation that section for the section formation that section for the section formation that section for the section for t	beer or an authorized representative of a member. 2203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)