

# L15000037082

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H15000051267 3)))



H150000512673ABC.

**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  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 27 PM 4:06

FILED

**\*\*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.  
HIGH ANDES GRAIN TRADERS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

890016

Electronic Filing Menu

Corporate Filing Menu

Help

H15000051267

(3)  
Martinez-Marquez, CPA, PA.  
6303 Blue Lagoon Drive, Suite 200  
Miami, FL 33126

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

High Andes Grain Traders, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is:

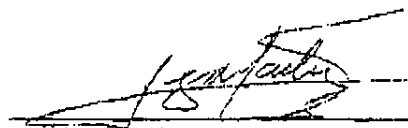
10890 SW 83<sup>rd</sup> Avenue  
Miami, FL 33156

ARTICLE III - Registered Agent, Registered Office, & Registered Agents' Signature

The name and the Florida street address of the registered agent are:

Jorge Martinez, CPA  
6303 Blue Lagoon Dr., Suite 200  
Miami, FL 33126

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 805, F.S..

  
Registered Agent's Signature

FILED  
15 FEB 27 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV - Authorized Members or Managing Members**

Title:

Name and Address:

Manager

Daniel Eudoro Araujo  
10890 SW 83<sup>rd</sup> Avenue  
Miami, FL 33156

**ARTICLE VI - Management**

The business of the company shall be conducted under the exclusive management of its authorized members, who will have the exclusive authority to act for the company in all matters. Either Managing Member acting in their individual capacity shall have the authority to bind the LLC to a third party with respect to any matter.

**ARTICLE VII - Continuance of the Company**

In the event of the death, resignation, or retirement of an authorized member, the remaining authorized member shall have the sole right to continue the business of the Company and shall acquire the membership interest of the retired authorized member.

Signatures on following page

**REQUIRED SIGNATURES:**

  
Daniel Eudoro Araujo

(In accordance with section 605.0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILED**  
15 FEB 27 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA