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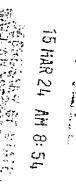
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PICK-UP	☐ WAIT	MAIL
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J. SOMETTO APR 1 5 7015

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	СТ:	UITRA Name of Li	EXPORT 11 mited Liability Company	<u>C.</u>
		Name of En	inited Elability Company	
The end	closed Articles of	Organization and fee(s) a	re submitted for filing.	
Please	eturn all correspo	ndence concerning this n	natter to the following:	
	<u> </u>	Jorga	Z F Garcia	•
		UITRA	FX PORT Firm/Company	11 C
			Firm/Company	
	5721	Riversida	dr # 301	
			Address	
	Coral	Springs ,	Address = 2 - 33067. City/State and Zip Code	
		T-100-	City/State and Zip Code	
		orge	agh Dho Tmail.	(om)
				ation)
For furt	her information co	oncerning this matter, ple	ase call:	
10	rga F	Garcia	954 673-6	827
	Name o	f Person	954) 673-6 Area Code Daytime Te	lephone Number
Enclose	d is a check for th	e following amount:	•	٠.
\$125.00	Filing Fee C	3\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Address	Street/Courier Add	ress
		tion Section	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 I - Name: The name of the Limited Liability Company is:
(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 office of the Limited Liability Company is:
Principal Office Address: 572/ Riverside dr#30/ Foral Springs FL-33067 Corol Springs FL 33067
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Torge E García
Name ,
Torga E Garcia. Name 572/ Rivarsida dr # 30/ Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Coral Springs FL 33067
City Zip
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 agree to comply with the provisions of all extract relating to the proper and comply with the provisions of all extract relating to the proper and comply to the property of t
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
Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MGR	Jorga E Garcia 5721 Rivarside dr # 301 coral springs F1 33067
E V: Effective date, if other than the date etive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E.VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6/ constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6) constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State.

Page 2 of 2