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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA LIMITED LIABILITY CO. MIAMI GLOBAL TRADING LLC

Certificate of Status	1
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FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATE
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

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H15000091683

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," "LLC," or "LLC.")

Miami Global Trading LLC

ARTICLE II - Address:

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

280 SW 20 Rd Apt 706, Miami, FL 33129

ARTICLE III - Registered Agent, Registered Office:

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

Leandro Izquierdo

280 SW 20 Rd Apt 706 Miami, FL 33129

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Leandro Izquierdo (AMBR)

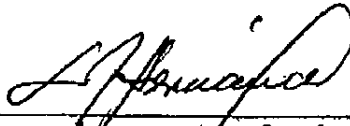
Leandro Izquierdo Jr. (AMBR)

Livdmila Oriz. (AMBR)

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STATE OF FLORIDA

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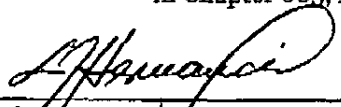
Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Leandro Izquierdo**Typed or printed name of signee**

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 605, F.S..

**Registered Agent's Signature (REQUIRED)**CLERK OF STATE
TALLAHASSEE FLORIDA

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FAX COVER SHEET

TO	Florida Department of State
COMPANY	Florida Department of State
FAX NUMBER	18506176383
FROM	William Halligan
DATE	2015-04-14 20:04:55 GMT
RE	Spectrum Partners LLC

COVER MESSAGE

Articles of organization.

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TALLAHASSEE FLORIDA