L15000074834

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
•	,	,
(Do	cument Number)	
(50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Contified Contac	Cortificato	a of Status
Certified Copies	Certificates	S OI Status
Special Instructions to	Filing Officer:	
<u> </u>		
Ì		





300271961503

04/20/15--01030--018 **160.00

15 APR 20 AM 9: 58
SECRETARY OF STATE
SECRETARY OF STATE

4/29/15

COVER LETTER

Division of Corpo				
SUBJECT:	The Colle	ge Trading Granited Liability Company	-oup LLC	
The enclosed Articles of Organical	ganization and fee(s) are	e submitted for filing.		
Please return all corresponde	ence concerning this ma	itter to the following:		
	Alax O	Dodescin Austin	Tait	
*		Firm/Company		
1427	Town Lie	ne Road Address		
Elma	, N Y	トサロラロ ity/State and Zip Code		
- the co	11egetradir nail address: (to be used	199 Soul @ 9 Ma, 1 Our future annual report notifica	tion)	
For further information conc	erning this matter, pleas	se call:		
Name of P	Cerson at (_	bld) 247 - 2 Area Code Daytime Tel	<i>امان</i> ephone Number	
Enclosed is a check for the f	ollowing 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 Certificate of St Certified Copy (additional copy is	tatus &
P.O. Box 6	n Section f Corporations	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ions er Circle	15 APR 20 AM 9: 58 SCORETARY OF STATE SCUARASSEE, FLORIDA

like

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Unit 10-105 9621 Rosewood Pointe Terrace Bonita Springs FL, 34135	Austin Tait 1427 Townline Road Elma NY, 14059
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
Steven Tait	(unit 10-105)
Nan	IIC .
9621 Rosewood 1	Pointe Terraco
Florida street address (P.O. B	
Bonita Springs City	FL 34135
City	Zip
the place designated in this certificate, I hereby according to capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the co	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this as 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

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)



<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR"_=_Manager	A)
1 W BK	Alex Undersin 13108
	Lyachburg VA , 24502
AMBR	Austin Tait
	1971 University Blvd Lynchburg VA, 24502
	29.0.009 17.10.004
(Use attachment if necessary)	
•	he date of filing:(OPTIONAL)
E V: Effective date, if other than the crive date is listed, the date must	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the cive date is listed, the date must	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the cive date is listed, the date must of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must filling.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must of filling.) E VI: Other provisions, if any.	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the effective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than specific and cannot be specifically and cannot be specific and cannot be specifically and cannot be specific and cannot be specific and cannot
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature o	t be specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be more than five business days prior to or some state of the specific and cannot be specificated and cannot be specific and cannot b
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the ection of	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the ection of	if a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, in information submitted in a document to the Department of State
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the ection of	of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

15 APR 20 AH 9: 58