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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Dividend Trade Fund, LLC
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	en all correspondence concerning this matter to the following:
	Richard A. Perea
	Name of Person
	C/O Wealth Management Associates, LLC
	Firm/Company
	4316 New Riverhills Parkway, Sste. #1
	Address
	Valrico, FL 33596
	City/State and Zip Code rperea@wealthma.net
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Richard A.Perea 813 651-5751 at ()
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fil	ing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certified Copy}} \text{(additional copy is enclosed)} \int_{\text{Certified Copy}} \text{(additional copy is enclosed)}
	Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing 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 Liab	ility Company is:		
Dividend Trade I	Sund LLC		
·		ited Liability Company	"L.C." or "L.C.")
(ITIUSE CI	ia with the words isin	icoa, Elaoling Company	, 13.13.0., 01 13.150.
ARTICLE II - Address:			
The mailing address and street	t address of the principa	al office of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
4316 New Riverhi	lls Parkway, Ste. #1	3914	Turkey Oak Drive
Valrico		Valr	
FL 33596		FL 3	3596
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	ny cannot serve as its o	wn Registered Agent. \	t's Signature: You must designate an individual or
The name and the Florida stre	et address of the registe	ered agent are:	
	Wealth Managem	ent Associates, LLC	
		Name	······································
		ills Parkway, Ste. #1	<u> </u>
•	Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
	Valrico	FL	33596
	City	State	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 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)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR"	= Authorized Member	Name and Address:
"MGR" =	Manager	
<u>MGR</u>		Richard A. Perea
		3914 Turkey Oak Drive
		Valrico, FL 33596
-		
(Use attac	hment if necessary)	•
ARTICLE V: Effe	ctive date, if other than t	e date of filing: December 1, 2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days aft
ARTICLE V: Effe If an effective date the date of filing.) Note: If the date it	ctive date, if other than te is listed, the date mus	
ARTICLE V: Effective data If an effective data the date of filing.) Note: If the date in the document's effective	ctive date, if other than te is listed, the date mus	not meet the applicable statutory filing requirements, this date will not be listed
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ARTICLE V: Effective data to the date of filing.) Note: If the date is the document's effective data.	etive date, if other than to is listed, the date must asserted in this block does to detive date on the Department of th	not meet the applicable statutory filing requirements, this date will not be listed

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)