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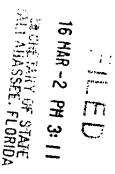
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	Registration Section Division of Corporations	
SUBJECT	C: WORLD	TRADITIONS USA, LLC
		Name of Limited Liability Company
	_	n and fee(s) are submitted for filing.
Please reti	irn all correspondence cond	cerning this matter to the following:
	B	RIAN KAUPPILA
		Name of Person
	MORLD	TRADITIONS USA LLC
		Firm/Company
		Airman Aira Sta Ula
	19030	Bischyne Blub, Ste 418 Address
	nouth (	MIAMI Beach, FL 33181
		City/State and Zip Code
	brian, wor	Lotraditions usa @ gmair.com
	E-mail addres	ss: (to be used for future annual report notification)
For further i	nformation concerning this	matter, please call:
	Brim Kauppila	at 347 423 7042
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following	amount:
<b>]\$125.00</b> F	iling Fee \$130.00 Fi	siling Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corpora P.O. Box 6327	ations Division of Corporations Clifton Building
	Tallahassee, FL 323	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WORLD TRADIT			
(Must end with the words "Limited L	iability Cor	mpany, "L.L.C.," or "LLC.")	5
ARTICLE II - Address:			16 HAR
The mailing address and street address of the principal offi	ce of the Li	imited Liability Company is:	3-2 HAS:
Principal Office Address:		Mailing Address	iH
		•	OF SLA
14030 Biscoyne Blue, Ste 4 north mane beach, FL 33181	18	(Same)	<u> </u>
MOTEL MIANT BEACH, FL 33181	<del></del>		= ==
			<del></del>
another business entity with an active Florida registration.  The name and the Florida street address of the registered a			
The name and the Florida street address of the registered a		<u>pica</u>	
The name and the Florida street address of the registered a	gent are:  VAU  Name		
The name and the Florida street address of the registered at the Florida street address of	gent are:  V KAUP  Name  DRI  P.O. Box D	וOT acceptable)	
The name and the Florida street address of the registered at the Florida street address of	gent are:  V KAUP  Name  DRI  P.O. Box D	וOT acceptable)	
The name and the Florida street address of the registered a	gent are:  V KAUP  Name  DRI  P.O. Box D	וOT acceptable)	
The name and the Florida street address of the registered at the florida street address of	gent are:  YAVE  Name  P.O. Box D  FL  State  cof process, nament as resting to the p	IOT acceptable) 3388\ Zip for the above stated limited liability egistered agent and agree to act in the proper and complete performance of	his capacity.  I f my duties, and I

Page 1 of 2

(CONTINUED)

		Name and Address:
	Authorized Member	
'MGR" = Ma	_	Brian Kauppela
MOK	<del></del>	
		WINTER HAVEN, FL 33881
		STATES FOR THE SOUNT
MGR		Jonguim Peopo COSTA NUMES
		RUA DOS PascADORES. 42 - 382 FLO
		2970-748 SESIMBRA - PORTUGAL
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		2.5 m
		Service Servic
		Me I
		95 -
(Use attachment if necessary)		- MG -
EV: Effective date is filing.)	listed, the date must be s	pecific and cannot be more than five business days prior to or 90
EV: Effective date is filing.) the date insernent's effecti	listed, the date must be sported in this block does not we date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date is filling.) the date insernent's effecti	listed, the date must be sported in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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EV: Effective date is filing.) the date inserment's effection EVI: Other p	rted in this block does not ve date on the Department provisions, if any.  SIGNATURE: Signature of a m	meet the applicable statutory filing requirements, this date will not to of State's records.  Language  member or an authorized representative of a member.
CV: Effective date is filing.) he date insernent's effection CVI: Other p	rted in this block does not ve date on the Department provisions, if any.  SIGNATURE:  Signature of a man This document is executed in this block does not the Department of t	meet the applicable statutory filing requirements, this date will not to of State's records.  Lowards  Tember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.
CV: Effective date is filing.) he date insernent's effection CVI: Other p	rted in this block does not ve date on the Department provisions, if any.  SIGNATURE:  Signature of a man This document is exect I am aware that any false.	meet the applicable statutory filing requirements, this date will not to of State's records.  Lower an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State
CV: Effective date is filing.) he date insernent's effection CVI: Other p	rted in this block does not ve date on the Department provisions, if any.  SIGNATURE:  Signature of a man This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  The member of an authorized representative of a member. The member of a member. The member of a member of state of a member. The member of state of a member of a
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CV: Effective date is filing.) he date insernent's effection CVI: Other p	rted in this block does not ve date on the Department provisions, if any.  SIGNATURE:  Signature of a man This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  The member of an authorized representative of a member. The member of a member. The member of a member of state of a member. The member of state of a member of a

ARTICLE IV-