

L16000112901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

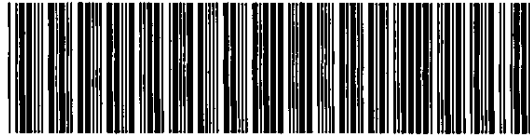
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Certified Copies _____ Certificates of Status _____

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~~L16-39730~~

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FILED
16 JUN -8 AM 7:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trading Post & Distribution LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Smith
Name of Person

Firm/Company

10221 SW 15TH ST. MIAMI
Address

MIAMI, FL 33157
City/State and Zip Code

tradingpostdistribution@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Smith at 305 (432) 08 432-0829
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 31, 2016

CRYSTAL SMITH
10221 SW 157TH ST
MIAMI, FL 33157

SUBJECT: TRADING POST & DISTRIBUTION LLC
Ref. Number: W16000039730

We have received your document for TRADING POST & DISTRIBUTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00011406

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

16 JUN -8 AM 7:48

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trading Post & Distribution LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. BOX
57117 Miami, FL 33257
10221 SW 15th St. 33157 Miami, FL

P.O. BOX
57117 Miami, FL 33257
P.O. BOX 57117 Miami, FL 33257

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:

Lucas Wong
Name

10221 SW 15th Street
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 331
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..

Crystal Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

FILED

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

16 JUN -8 AM 7:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Lucas Wong "AMBR"

10221 SW 157th Street
Miami, FL 33157

Crystal Smith "AMBR"

10221 SW 157th Street
Miami, FL 33157

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Crystal Smith

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Crystal Smith

Typed or printed name of signer

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)