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(Address)
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Colobal trading Services, LLC
3000	Name of Limited Liability Company
The same	
	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	Danilo Torres Roman Name of Person
	Colobal Frading Services, LLC Firm/Company
	Firm/Company
	19762 NW 60 ct Address
	Address
	MIAMI FC 33017 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
(a	Name of Person Area Code Daytime Telephone Number
9	Name of Person Area Code Daytime Telephone Number
Endosa	ed is a check for the following amount:
	-
1	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section Division of Corporations New Filing Section Division of Corporations
	P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2016

DANITO TORRES ROMAN 19762 NW 60 CT MIAMI, FL 33015

SUBJECT: TRADING GLOBAL SERVICES, LLC

Ref. Number: W16000035733

We have received your document for TRADING GLOBAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 816A00010341

www.sunbiz.org

Division of Cornerations P.O. BOY 6327 Tellahassee Florida 3231/

16 JUN 27 PH 3: 5:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	rading Services, LLC.	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	fice of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Add	ress:
19762 NW 60	Ct	1976	62 NW 60 Ct	
Miami, FL 330		Miat	mi, FL 33015	
another business entity wi	th an active Florida registration	1.)		
The name and the Florida	street address of the registered Gerardo Lopez			6 JUN 2
The name and the Florida		agent are:		6 JUN 27 F
The name and the Florida				6 JUN 27 PHI
The name and the Florida	Gerardo Lopez	Name	cceptable)	6 JUN 27 PH 12: 4 BEGGETARY OF STA
The name and the Florida	Gerardo Lopez 19762 NW 60 Ct	Name	cceptable)	6 JUN 27 PH 12: 44 BEUTETARY OF STATE ALLAHASSEE FLORIDA
The name and the Florida	Gerardo Lopez 19762 NW 60 Ct Florida street address	Name (P.O. Box NOT ac	•	6 JUN 27 PH 12: 44 SECTION OF STATE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	, , ,
MGR.	Davilo lorres Roman
	19767 NW 60at
	MI+MI F/ 33015
AMBR	Vasiliy D Tornes Dedou
•	19762 NW 60 LT
	MIAMI FL 33015
,	
·	
fective date is listed, the date must be a	te of filing:
LEV: Effective date, if other than the da fective date is listed, the date must be so of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
LEV: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
LEV: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department LEVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the date class is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed not of State's records.
LE V: Effective date, if other than the date cive date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not be listed at of State's records.
LE V: Effective date, if other than the date continued is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a representation of the date of	t meet the applicable statutory filing requirements, this date will not be listed at of State's records. The state of S
LE V: Effective date, if other than the date lective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the date of the dat	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes in the interest of t
LE V: Effective date, if other than the date lective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the date of the dat	member or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes in the formation submitted in a document to the Department of State in a provided for in s.817.155, F.S.
LE V: Effective date, if other than the date lective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range of the date of the dat	member or an authorized representative of a member. Stated in accordance with section 605.0203 (1) (b), Florida Statutes in the interest of t

Page 2 of 2