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SECULTARY OF STATE

## COVER LETTER

10:	Division of Corporations		
SUBJE	A-TAC Trading Company LLC		
SUDJE	Name of	Limited Liability Company	
The enc	losed Articles of Organization and fee(s	) are submitted for filing.	
Please r	eturn all correspondence concerning this	s matter to the following:	
	Joe Bruce		
		Name of Person	— 
	Professional Accounting and Consu	lting, Inc.	(138 <b>9</b>
		Firm/Company	) 25
	10175 Fortune Parkway, Suite 705		<u></u>
		Address	ci Ci
	Jacksonville, Florida 32256		53
	bigeasycajun@yahoo.com	City/State and Zip Code	
	E-mail address: (to be us	sed for future annual report notification)	
For furthe	er information concerning this matter, ple	ease call:	
	Joe Bruce	904 260-5571	
	Name of Person	Area Code Daytime Telephone Number	
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
	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	

## · ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A-TAC Trading C				
(Must e	nd with the words "Limited	d Liability Company, '	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal of	office of the Limited L	iability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
10175 Fortune Pa	rkway, Suite 705	10175	Fortune Parkway, Suite 705	
Jacksonville, Flor			onville, Florida 32256	
another business entity with			ou must designate an individual or	SEF
The name and the Florida stre	Kung-Po Yen	d agent are: Name		26 PN 5:53
The name and the Florida stre	Kung-Po Yen  10175 Fortune Parky	d agent are: Name	ceptable)	6 PN 5:5
The name and the Florida stre	Kung-Po Yen  10175 Fortune Parky	d agent are:  Name way, Suite 705	ceptable)	6 PN 5:5
The name and the Florida stre	Kung-Po Yen  10175 Fortune Parky Florida street address	d agent are:  Name way, Suite 705 ss (P.O. Box <b>NOT</b> acc		6 PN 5:5

(CONTINUED)

Page 1 of 2

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

"MGR" = Manager AMBR    Ibrahim Gungor	Title:	Name and Address:	
AMBR    Darahim Gunger   Jacksonville, Florida 32256			
AMBR  Alice Wei 2708 Comstock Circle Belmont, California 94002  AMBR  Kung-Po Yen  REQUIRED SIGNATURE:  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, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Florida Statutes, and accordance with section 605.0203 (1) (b), Fl			
AMBR  Alice Wei 2708 Comstock Circle Belmont, California 94002  AMBR  Kung-Po Yen 1175 Oak Hammock Trail Jacksonville, Florida 32256  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days e of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  REOUIRED SIGNATURE:    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.  Kung-Po Yen  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)			
AMBR    Kung-Po Yen		Jacksonville, Florida 32256	
Belmont, California 94002	AMBR		
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(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	Kung-Po Yen	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:			
ELE V: Effective date, if other than the date of filing:		Jacksonville, Florida 32256	
ELE V: Effective date, if other than the date of filing:			
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