Division of Corporations

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(((H160003000173)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address
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FLORIDA LIMITED LIABILITY CO. TRATA MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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CORP USA

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COVER LETTER

	Registration Section Division of Corporations
SUBJECT	Trata Management, LLC
70 20	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Ploase retu	orn all correspondence concerning this matter to the following:
	Christine Barber
	Name of Person
	Berkowitz Pollack Brant
	Firm/Company
	5100 Town Center Circle, Suite 450
	Address
	Boca Raton FL 33486
	City/State and Zip Code sophiamylona@gmail.com
•	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	Christine Barber 561 36 1 - 2003
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

A	RT	JC.	LE	1	_	N	ame:

The name of the Limited Liability Company is:

Trate Management, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1525 N. Ft. Lauderdale Beach Bivd Ft. Lauderdale FL 33304

1525 N. Ft. Lauderdale Beach Blvd. Ft. Lauderdale, FL 33304

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:

Richard A. Berkowitz

Name

515 E. Las Olas Blvd., Fifteenth Floor

Florida street address (P.O. Box NOT acceptable)

State

Ft. Lauderdale

City

2ip

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.



(CONTINUED)

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"AMBR" = Authorized Member	Name and Address:
"MOR" = Manager	
MGR	Gus Leontarakis
	1525 N. Fr. Lauderdale Beach Blvd.
	Ft. Lauderdale FL 33304
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V: Effective date, if other than the date	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
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LV: Effective date, if other than the date crive date is listed, the date must be spe filling.) the date inserted in this block does not intent's effective date on the Department of LVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a method of the provision of the country of	cific and cannot be more than five business days prior to or 9 seet the applicable statutory filing requirements, this date will no
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