Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

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VISION OF CONTERVICES

WEREAUGF COMMERCIAL

FLORIDA LIMITED LIABILITY CO. BUSINESS TRADE NETWORK, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

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Corporate Filing Menu

Help

| | ARTICLESOFO | RGANIZATION FOR | FLORIDALIM | TTED LIABILITY COMPAN | Y |
|----------------------------|---|---|----------------------|--|---------------|
| ARTICLE 1 The name of | - Name: the Limited Liability (| Company is: | | | |
| <u>B</u> | usiness Trade Networ | k, LLC | | | |
| | (Must contain | the words "Limited | Liability Comp | pany, "L.L.C.," or "LLC.") | |
| ARTICLE II | | ess of the principal o | ffice of the Lir | nited Liability Company is: | |
| | Principal (| Office Address: | | Malling Ad | ldress: |
| _20 | 000 South Dixie High | way, Suite 106 | | 2000 South Dixie Highway | y, Suite 106 |
| <u>M</u> | iami, Florida 33133 | | | Miami, Florida 33133 | |
| (The Limited another busin | I - Registered Agent Liability Company ca- ness entity with an acti the Florida street add | nnot serve as its own ve Florida registratio | Registered Ag n.) | Agent's Signature: ent. You must designate an | individual or |
| | <u>.</u> | Michel Huysman, Es | q | · | |
| | _ | | Name | | |
| | _ | 2000 South Dixie Hi Florida street addres | | | |
| | 7 | Miami | PL | 33133 | |
| | ⊣ | City | State | 7in | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUN 16 AM 8: 38

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" - Manager | |
| AMBR | Pahola Lizbeth Paz Garcia 2552 Carambola Circle North |
| | Coconut Creek, FL 33066 |
| | Colombia Civot, 1 2 33000 |
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| (Use attachment if necessary) EV: Effective date, if other than the date of sective date is listed, the date must be speci | filing:, (OPTIONAL) |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not measurement's effective date on the Department of | filing:, (OPTIONAL) If and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not State's records. |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meacument's effective date on the Department of | et the applicable statutory filing requirements, this date will not |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not measument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | et the applicable statutory filing requirements, this date will not State's records. |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meaument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean This document is executed I am aware that any false in | et the applicable statutory filing requirements, this date will not State's records. Defor an authorized representative of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes. Tormation submitted in a document to the Department of State |
| CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not meanment's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in | ber or an authorized representative of a member. It is accordance with section 605.0203 (1) (b), Florida Statutes. It is accordance with section 605.0203 (1) (b), Florida Statutes. It is accordance with section 605.0203 (1) (b), Florida Statutes. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)