

L18000212716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

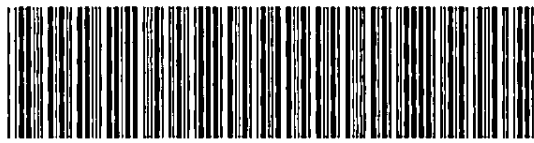
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400317586554

08/31/18--01021--008 \*\*180.00

K. PAGE  
SEP 10 2018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP -6 AM 11:58

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2018

STEVEN IRA ROTH  
43 S POWERLINE RD  
POMPANO BEACH, FL 33069

SUBJECT: JS TRADING GROUP, LLC  
Ref. Number: W18000079443

We have received your document for JS TRADING GROUP, 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 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 718A00018308

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IS TRADING PARTNERS, 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:

Steven Ira Roth  
Name of Person  
Firm/Company  
43 S. Powerline Rd.  
Address  
Pompano Beach, FL 33069  
City/State and Zip Code  
drstevencroth@gmail.com  
E-mail address: (to be used for future annual report notification)

2018 SEP -6 AM 11:36  
RECEIVED

For further information concerning this matter, please call:

Steven Ira Roth 754 4228998  
at ( )  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JS TRADING PARTNERS, LLC.

(Must contain 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:

43 S. POWERLINE RD.  
POMPANO BEACH, FL 33069

43 S. POWERLINE RD.  
POMPANO BEACH, FL 33069

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:

Steven Ira Roth

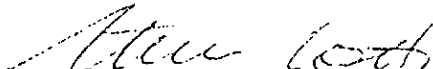
Name

43 S. POWERLINE RD.

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

<u>POMPANO BEACH</u>	<u>FL</u>	<u>33069</u>
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.,*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2008 SEP -6 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" - Authorized Member  
"MGR" = Manager  
AMBR/MGR

Name and Address:

Steven Ira Roth  
43 S. Powerline Rd.  
Pompano Beach, Fl 33069

AMBR

Jorge Arturo Espinal Rodriguez  
Col. San Ignacio Villa Florencia.  
Tegucigalpa, Honduras

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

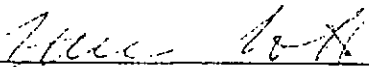
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The company will be manager-managed.

\_\_\_\_\_  
\_\_\_\_\_

**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. 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.

Steven Ira Roth  
Typed or printed name of signee

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 SEP -6 AM 11:58

FILED