APR/16/2019/TUE 11:33 AM 4/16/2019

Florida Department of Division of Corporations

## Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. ECK TRADING LLC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	and the second s	
	ARTICLE 1 - Name:	
	The name of the Limited Liability Company is:	
	Eck Trading LLC	
	(Must and 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:	
	2957 N.W. 24 Ciree 2957 N.W. 24	'h street
•	miami Fl 33142 miami Fl 33142	
	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 individuance another business entity with an active Florida registration.)	ual or
	The name and the Florida street address of the registered agent are:	
	<u>Gustavo W. Eckardt</u>	
	13883 S.W. 63 rd street	
	Florida street address (P.O. Box NOT acceptable)	
	m/ami Fl 33183	
	City State Zip	
	Having been numed as registered agent and to accept survice of process for the above stated limited liability of	· · · · · · · · · · · · · · · · · · ·
	Prince wear Annual Control of the Co	· · •
	further agree to comply with the provisions of all statutes relating to the proper and complete performance of n um familiar with and accept the obligations of my position as registered again as provided for in Chapter 605.	
	The plant of my position as registered again as provided for in Chapter 803.	$F_{i}S_{i}$
	Registered Agent's Signature (REQUIRED)	
•		•
	(CONTINUED)	
	Page 1 of 2	SE(8)
		9 APR 16 CRETAR)
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		APR 16 RETARY
		Sign R
		PAPR 16 PM 3: CRETARY OF STA
		P

	ARTICLE IV The name and address of each person out	horized to manage and control the Limited Liability Company;
	Title:	Name and Address:
	"AMBR" = Authorized Member "MGR" = Manager	
	Ambr	Gustavo W. Eckardt 2957 N.W. 24th Street miami Fl 33142 (Bay C)
	-	
	· · · · · · · · · · · · · · · · · · ·	
•		
	(Use attachment if necessary)	
·	the date of filing.)	ffiling (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after  tet the applicable statutory filing requirements, this date will not be listed as
	ARTICLE VI: Other provisions, if any.	Sand 5 records.
	ACTIONS PROVISIONS, II any.	_
. ,	REQUIRED SIGNATURE:	A Sit
	I am aware that any falso in	her or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in 3.817.155, F.S.
	6u	stavo W. Eckardt
	7	Typed or printed name of signed

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)

Page 2 of 2