

**L19000136148**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

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Email Address: NS@NickSpradlin.com

**FLORIDA LIMITED LIABILITY CO.  
GREEN CIRCLE TRADING, LLC**

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

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Electronic Filing Menu

Corporate Filing Menu

APR 26 2019  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN CIRCLE TRADING, 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:11155 N.W. 33 ST11155 N.W. 33 STMIAMI, FLORIDA 33172MIAMI, FLORIDA 33172

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

2202 N. WEST SHORE BLVD. STE 200Florida street address (P.O. Box **NOT** acceptable)TAMPAFLORIDA33607

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)

STATE OF FLORIDA  
CLERK OF SUPERIOR COURT  
TAMPA OFFICE

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**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

**Name and Address:**

FERNANDO H. VALLET

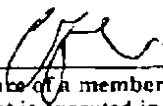
11155 N.W. 33 ST

MIAMI, FLORIDA 33172

(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.  
ANY AND ALL LAWFUL BUSINESS**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.

NICKOLAS J. SPRADLIN AUTHORIZED REP. OF A MEMBER

Typed or printed name of signer

**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)

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