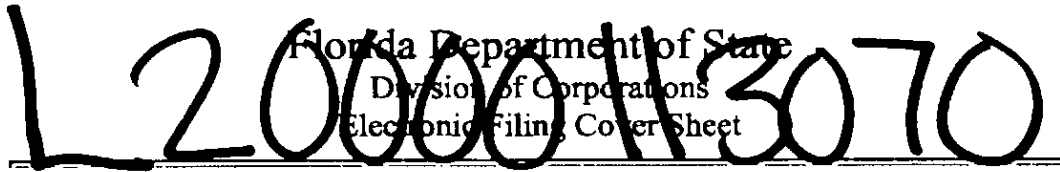


4/28/2020

Division of Corporations



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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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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FLORIDA LIMITED LIABILITY CO.**Avtrade LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2020 APR 28 PM 4:42

2020 APR 28 PM 2:03

FALLING ASLEEP

**ARTICLES OF ORGANIZATION OF
AVTRADE LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME

The name of the Limited Liability Company is Avtrade LLC (the "Limited Liability Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1900 NW 97th Avenue, Miami, Florida 33172.

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are Capitol Corporate Services, Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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 of the Florida Statutes.

Capitol Corporate Services, Inc.

By: Kim Tadlock Kim Tadlock, Asst Sec., on behalf of
Capitol Corporate Services, Inc.

ARTICLE IV


MANAGING MEMBER

The Limited Liability Company shall be managed and controlled by its member. The name and address of the member are as follows:

Avtrade Ltd UK
1900 NW 97th Avenue
Miami, Florida 33172

Date: April 28, 2020

Authorized Person:


DOUGLAS S. STANFORD

This document is executed in accordance with Section 605.0203(1)(b) of the 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 Section 817.155 of the Florida Statutes.

2020 APR 28 PM 2:03
TALLAHASSEE, FL 32301