Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

## FLORIDA LIMITED LIABILITY CO. JB GLOBAL TRADING LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JB GLOBAL TRADING LLC

(Must end 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:

City

	<u>Principa</u>	l Office Address:		Mailing Addre	<u>ess</u> :		
	ATTN: J Burns		^	ATTN: J Burns			
	49 N Federal Hwy #1	60	4	9 N Federal Hwy #160		_	
	Pompano Beach, FL 3	33062		ompano Beach, FL 33062	•	_	
(The Lin another	LE III - Registered Age nited Liability Company business entity with an a se and the Florida street a	cannot serve as its o ctive Florida registra address of the registe	wn Registered Ageration.)	nt. You must designate an ind	ividual or	2020 HAY 13	<u></u>
			Name			<u> </u>	
			t, Suite 2000 #209 ress (P.O. Box <u>NO</u>	<u>T</u> acceptable)		3: 10	J
		MIAMI	FL.	33131			

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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

State

Zip

(CONTINUED)

d Agent \$5 enauge REQUERED)

Page 1 of 2

Title: "AMBR" = Aut	thorized Member	Name and Address:	
"MGR" = Man			
MGRM	<del></del>	Joseph J Burns	
		49 N Federal Hwy #160	
		Pompano Beach, FL 33062	
	<del></del>		
	<u></u>		
(Use attachmen	nt if necessary)		
ICLEV: Effective on effective date is list late of filing.)  E: If the date inserte	date, if other than the date of filings sted, the date must be specific and ed in this block does not meet the	. (OPTIONAL) d cannot be more than five business days prior to or 90 capplicable statutory filing requirements, this date will not be specords	_
ICLEV: Effective on effective date is list ate of filing.) e: If the date inserte	date, if other than the date of filings sted, the date must be specific and ed in this block does not meet the e date on the Department of State	d cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not be	-
ICLEV: Effective in effective date is list late of filing.)  E: If the date inserted locument's effective	date, if other than the date of filings sted, the date must be specific and and in this block does not meet the act date on the Department of State ovisions, if any.	d cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not be	_
ICLE V: Effective on effective date is list ate of filing.)  E: If the date inserted to the comment's effective of ICLE VI: Other pro-	date, if other than the date of filings sted, the date must be specific and and in this block does not meet the se date on the Department of State ovisions, if any.  SIGNATURE:  This document is executed in accident aware that any false informations.	d cannot be more than five business days prior to or 90 of applicable statutory filing requirements, this date will not be	_

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