# Electronic Filing Cover Sheet

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Address:	

# FLORIDA LIMITED LIABILITY CO. AT TRADING SERVICES LLC

**LOUIS 1 6 2020** 

T. SCOTT

والمتعاقف والمتعارف والمتعارة والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف والمتعارف	بالتاقاطة عدائم بصبارة فيعتبين فيسيب يعتبين فيبين
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Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

### AT TRADING SERVICES 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:

SAME

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:

ABEL ALEXANDE	ER TEIXEIRA	
	Name	
1900 NE 206 ST		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33179
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 agreeistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	ABEL ALEXANDER TEIXEIRA 33.3334% 1900 NE 206 ST MIAMI, FL 33179
	M1/A/01. PL 23177
AMBR	YARSON JORGE TEIXEIRA LOPEZ 33.3333% 19100 NE 8 CT MIAMI, FL 33179
AMBR	JOSE J. TEIXEIRA DIAZ 33.3333% 900 NE 195 ST APT 304 MIAMI, FL 33179
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.) Note: If the date inserted in this block does	the date of filing:
the document's effective date on the Depa	riment of State \$1600tus.

Signature of a member of 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.

ABEL ALEXANDER TEIXEIRA

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)