

L20000219273

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
CELL TRADE INTERNATIONAL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2020 JUL 30 PM 1:30
DIVISION OF CORPORATIONS
COMMERCIAL
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Cell Trade International LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2020 NE 163 ST 300D

MIAMI, FL 33162

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

CCS REPRESENTATIVES LLC

2020 NE 163 ST 300D

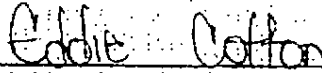
MIAMI, FL 33162

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

EDDIE COTTON - MANAGER

20 JUL 30 PM 5:37
TALLAHASSEE, FLORIDA

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

EDDIE COTTON**Typed or printed name of signee**

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)

20 JUL 30 PM 5:37
TALLAHASSEE, FL 32304