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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (305)931-0433

Fax Number : (866)856-1462

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. LB Global Trading LLC

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To: 18506176381

Page: 3 of 4

2021-02-05 21:53:17 GMT

18668561462

From: Paul Feldman

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LB Global 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:	٠- ٠
6100 Holfywood Blvd, Suite 432	6100 Hollywood Blvd, Suite 432	<u> </u>
Hollywood, Florida 33024	Hollywood, Florida 33024	<u> </u>
<u> </u>		in -
		1.11

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:

	Nino	
2750 NE 185th Stre	et. Suite 203	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
		22100
Aventura	<u>FL</u>	33180

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. Thereby accept the appointment as registered agent and agree to act in his 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 Opptr 605, FS

Registered Agent's Signature (REQURED)

2021 FEB -8 AM 8: 24

ARTICLE IV-

Page: 4 of 4

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

	Name and Address:	
"AMBR" = Authorized Membe	er	
"MGR" = Manager		
MGR	MOSHE LEVI	_
	6100 Hollywood Blvd, Suite 432	
	Hollywood Florida 33024	<u> </u>
		23
MGR	URI BUBLIL	
MOK	6100 Hollywood Blvd suite 432	بتت
	Hollywood, Florida 33024	==
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(Use attachment if necessary) ICLEV: Effective date, if other that effective date is listed, the date m	in the date of filing (OPTIONAL) must be specific and cannot be more than five business days prior to or	90 day
CLEV: Effective date, if other tha effective date is listed, the date mate of filing.)	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will re-	
CLEV: Effective date, if other that effective date is listed, the date in ite of filing.) If the date inserted in this block comment's effective date on the De	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will re-	
CLEV: Effective date, if other that effective date is listed, the date mate of filing.) If the date inserted in this block occument's effective date on the December 1.	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will re-	
CLEV: Effective date, if other that effective date is listed, the date in the offiling.) If the date inserted in this block occument's effective date on the December of the	nust be specific and cannot be more than five business days prior to or does not meet the applicable statutory filing requirements, this date will re-	not be
CLEV: Effective date, if other that effective date is listed, the date in the of filing.) If the date inserted in this block occument's effective date on the De CLEVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a the	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b). Florida Statute any false information submitted in a document to the Department of Statute	not be

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)