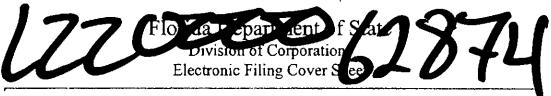
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO. DC3 TRADING, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES O	FORGANIZATION FOR	FLORIDA LIMITE	D LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabili	ty Company is:		
DC3 TRADING, LI	C		
	tain the words "Limited	Liskilia Camasa	. et l.C. Parell ICP
(Musi con	iam ine words Linnica	Claothry Company	y, L.E.C., or LLC.
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal of	office of the Limite	d Liability Company is:
· ·	, .		, , ,
<u>Princip</u>	al Office Address:		Mailing Address:
4110 SW 103 CT		41	10 SW 103 CT
MIAMI, FL 33165		M	IAML FL 33165
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	y cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual or
The name and the Florida street	address of the registere	d agent are:	
	ROBERTO ARRAS	STIA	
		Name	
	4110 SW 103 CT		
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)
	MIAMI	FL _	33165
	City	State	Zip

llaving 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..

> Roberto Arrastia Registered Agent's Signature (REQUIRED)

(CONTINUED)



Page: 4 of 4

13053284774

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ROBERTO ARRASTIA
THITCH	4110 SW 103 CT
	MIAMI, FL 33165
	
	
(Use attachment if necessary)	•
I E V: Effective data if other than the da	te of filing: (OPTIONAL)
Tactive date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 a
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V	meet the applicable statutory filing requirements, this date will not
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ument's effective date on the Departmer LE VI: Other provisions, if any. REQUIRED SIGNATURE:	Roberto Arrastia
Extractive date on the Department of T.E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recommendation of the Department of the D	Roberto Arnastia nember or an authorized representative of a member.
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a r This document is execution.	Roberto Arrastia

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ROBERTO ARRASTIA

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

