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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : DOSSANTOS AND MACHADO, LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

2022 JUN -9 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

INFO@GFSTAXACCT.COM
Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CB INVESTMENT AND TRADING LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

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June 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GFS TAX & ACCOUNTING SERVICES

SUBJECT: CB INVESTMENT AND TRADING LLC
REF: W22000072388

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FLORIDA DEPARTMENT OF STATE
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H22000174286
Regulatory Specialist II Supervisor Letter Number: 322A00012604

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CB INVESTMENT AND TRADING LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GILVAM F DOS SANTOS
Name of Person

GFS TAX & ACCOUNTING SERVICES
Firm/Company

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS FL 33065
City/State and Zip Code

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -9 PM 2: 09

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For further information concerning this matter, please call:

| | | |
|-------------------|-----------|--------------------------|
| GILVAM DOS SANTOS | 954 | 9573244 |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CB INVESTMENT AND 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:

18851 NE 29TH AVE STE 718
AVENTURA FL 33180

18851 NE 29TH AVE STE 718
AVENTURA FL 33180

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:

GFS TAX & ACCOUNTING SERVICES

Name

11764 W SAMPLE RD STE 102

Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33065

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 as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA
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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

LILIAN LU WANG
19 SALEM DR
STONY BROOK NY 11790

AMBR

WANG YONG
RUA DOS ARTISTAS 212 BL B APT 804
RIO DE JANEIRO RJ 20541-035 BR

AMBR

LIU LI
RUA DOS ARTISTAS 212 BL B APT 804
RIO DE JANEIRO RJ 20541-035 BR

AMBR

GUO HAOJUN
RUA SAO FRANCISCO XAVIER 381 APT 104
RIO DE JANEIRO RJ 20550-012 BR

(Use attachment if necessary)

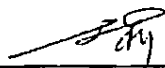
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

PURPOSE: INVESTMENT AND TRADING

REQUIRED SIGNATURE:



Signature of a member or 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.

LIU LI

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)

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 DEPT. OF STATE
 ALLAHBACSE, FL 07/07
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