

6/28/22, 2:18 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
WEST TRADERS, LLC

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

RECEIVED
2022 JUN 28 PM 3:49
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 JUN 28 AM 8:39

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEST TRADERS, 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:

1301 NE MIAMI GARDENS DR

1301 NE MIAMI GARDENS DR

SUITE 1716

SUITE 1716

MIAMI, FL 33179

MIAMI, FL 33179

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:

MABEL NEWMAN

Name

1301 NE MIAMI GARDENS DR., SUITE 1716

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

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

Mabel Newman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MABEL NEWMAN
1301 NE MIAMI GARDENS DR, SUITE 1716
MIAMI, FL 33179, USA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 26, 2022 (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.

REQUIRED SIGNATURE:

Mabel Newman

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.

MABEL NEWMAN

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)

STATE OF FLORIDA

COUNTY OF MIAMI - Dade

THE FOREGOING WAS ACKNOWLEDGED ON 06/27/2022 BY PHYSICAL PRESENCE BY MABEL NEWMAN, WHO PRESENTED DRIVER LICENSE AS IDENTIFICATION.

Michael Kroth
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG917796
Expires 9/30/2023

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STATE OF FLORIDA
DEPARTMENT OF STATE

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