

To:

Page: 2 of 4

2022-06-28 18:27:51 GMT

1733284774

From: Yanet Av

6/28/22, 2:15 PM

Division of Corporations

122000222492104

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.

(((H22000222492 3)))



H220002224923ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 JUN 28 AM 8:39
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

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:

1301 NE MIAMI GARDENS DR

SUITE 1716

MIAMI, FL 33179

Mailing Address:

1301 NE MIAMI GARDENS DR

SUITE 1716

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 2022 JUN 28 AM 8:39
 13053284774
 1301 NE MIAMI GARDENS DR., SUITE 1716
 MIAMI, FL 33179

2022 JUN 28 AM 8:39

13053284774

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:

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 signer

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

2022 JUN 28 AM 8:39

FILED