L22000447727

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.

(((H22000357739 3)))

H22000357739ABC5

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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.

GC4 TRADING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$130.00

2022 OCT 18 PM 5:45

2022 OCT 18 PM 12:35

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:

GC4 Trading, 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:**
10255 NW 74 TE Doral, Fl 33178	10255 NW 74 TE Doral, FL 33178

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

Julio Ignacio Gonzalez-Lasaulce
10255 NW 74 TE
Doral, FL 33178

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.

22 OCT 18 PM 12:35

Registered Agent's Signature

(CONTINUED)

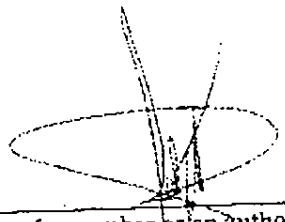
ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
Manager	**Julio Ignacio Gonzalez-Lasaulce**
Manager	**Susana Criado-Ruiz**

Address: 10255 NW 74 TE Doral, Fl 33178

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Julio Ignacio Gonzalez-Lasaulce

Typed or printed name of signee

22 OCT 18 PM 12:35