# SUUCU & 2044 Florida Department of State

3052201440

**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.

(((H23000067308 3)))



H230000673083ABC\$

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 : 120000000019 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. PREMIUM TRADING PRO, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY -

ARTICLE 1 - Name: The name of the Limited Liability Company is:

# Premium Trading Pro, 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:

1825 NW 112 Ave, Suite 152

1825 NW 112 Ave, Suite 152

Miami, FL 33172

Miami, FL 33172

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

# Giuseppe Gabriele Venezia

1825 NW 112 Ave, Suite 152 Miami, FL 33172

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 with

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.

(CONTINUED) Page: 1 of 2

. . . .

### ARTICLE IV - Manager(s) or Authorized Member(s):

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

Title:

Name and Address:

Manager

Giuseppe Gabriele Venezia

Address: 1825 NW 112 Ave, Suite 152, Miami, FL 33172

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.)

Giuseppe Gabriele Venezia

Typed or printed name of signee