

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.

(((H23000128252 3)))



H230001282523ABCZ

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:

H CETYED AY -2 PM 4:36

## FLORIDA LIMITED LIABILITY CO. MIAMI TRADER LLC

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

SECRETARY OF STATE

Electronic Filing Meny

Corporate Filing Menu

Help



## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY OMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words Timited Liability Company,

## MIAMI TRADER LLC

3052201440

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

100 BAYVIEW DR APT 1821, SUNNY ISLES BEACH, FL 33160

ARTICLE III - Registered Agent, Registered Office;

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate on individual or another husiness entity

**GONZALO SANCHO** 

100 BAYVIEW DR APT 1821, SUNNY ISLES BEACH, FL 33160

ARTICLE IV-

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

**GONZALO SANCHO - MEMBER** 

Required Signatures:

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 contitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

GONZALO SANCHO

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 pro-isions 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)