Electronic Filing Cover Sheet

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will generate another cover sheet.	Ŷ. <b>,</b>	

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number

: (305)552-5973 : (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. SCG TRADES LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
SCG TradeS LLC (Must contain the words "Limited Liability C	Company (1) 1 C II of LO II
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
6325 NW 113TH CT, DORAL, FL 33178	6325 NW 113TH CT, DORAL, FL 33178
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	d Agent. You most designate an individual ()r
The name and the Florida street address of the registered agent are	:
Sophia Carolina Gonzalez	<u> </u>
Name	<del>-</del>

6325 NW 113TH CT, Florida street address (P.O. Box NOT acceptable)

Doral Florida 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)

Title: "AMBR" = Authorized Member   "MGR" = Manager	Name and Address:
AMBR	Sophia Capolina Gonzalez
	6325 NW 113TH CT, DORAL FL 33178
MGR	Sophia Carolina Gonzalez
	6325 NW 113TH CT, DORAL, FL 33178
•	
(Use attachment if necessary)	
effective date is listed, the date mate of filing.)	n the date of filing:
ICLE VI: Other provisions, if any.	

Signature of a member of 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.

Sophia Carolina Gonzalez

Typed or printed name of signed

## 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)

SECRETARY OF STATE

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