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Division of Corporations

Florida Department of State

Division Corporations

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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 : STRATEGIC LEGAL SOLUTIONS, LLC

Account Number : 120230000140

Phone : (305)722-7090

Fax Number

: (305)424-1050

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address.	info@smulevichlegal.com	
Emali	Address:	intomsmulevichlegal.com	

FLORIDA LIMITED LIABILITY CO. SOAF Trading, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOAF Trading 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:

From: 3054241050

Principal Office Address:

Mailing Address:

19790 W. Dixie Hwy Suite 611

19790 W. Dixie Hwy Suite 611

Aventura, FL 33180

Aventura, FL 33180

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:

_			-		
Η 0.	コミト	PLDQ	Αa	ents	Inc

	Name	
7901 4th St N		STE 300
Florida street addres	ss (P.O. Box M	OT acceptable)
St. Petersburg	FL	33702
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..

David Paperts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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To: 8506176381

From: 3054241050

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ARTICLE IV-

	Name and Address:
"AMBR" = Authorized N	Member
"MGR" = Manager	
MGR	Maria Laura Cachau
	19790 W. Dixie Hwy Suite 611
	Aventura_FL 33180
	
	
(Use attachment if necess	•
ICLE V: Effective date, if other in effective date is listed, the cate of filing.) If the date inserted in this is	ther than the date of filing:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)