

L24000 283394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

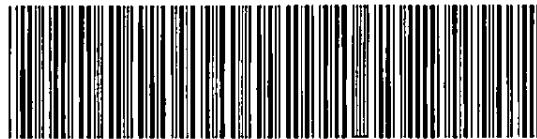
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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**CORPORATE
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LLC

1. SRS TRADE INTERNATIONAL LLC

(CORPORATE NAME AND DOCUMENT #)

2024 JULY 24
10:34 AM
COURT DATE
10:34 AM
2024 JULY 24

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: **New Filing Section
Division of Corporations**

SUBJECT: **SRS Trade International LLC
Name of Limited Liability Company**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MD Shahnoor Islam

Name of Person

SRS Trade International LLC

Firm/Company

727 Crystal Bay Lane

Address

Orlando, FL 32828

City/State and Zip Code

srstradeint1994@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MD Shahnoor Islam 407 529-4517
at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUN 21 AM 9:47
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SRS Trade International 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:

Principal Office Address:

727 Crvstal Bay Lane
Orlando, FL 32828

Mailing Address:

727 Crystal Bay Lane
Orlando, FL 32828

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:

MD Shahnoor Islam

Name

727 Crystal Bay Lane

Florida street address (P.O. Box NOT acceptable)

Orlando

FL

32828

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.

MD Shahnoor Islam
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
"MGR" = Manager

MGR

Name and Address:

MD Shahnoor Islam
727 Crystal Bay Lane
Orlando, FL 32828

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06-24-2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

MD Shahnoor Islam

Signature of a member or 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.

MD Shahnoor Islam

Typed or printed name of signee

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)