# L24000293136

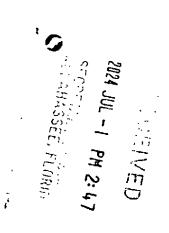
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500431049475

2024 JUL -1 Mi 9: 47



# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

3280 W TRADE,	LLC		
Please Debit FCA	000000003 For: 130		
Thank you Seth N	leeley		
Stoff		Art of Inc. File  LTD Partnership File	
		Foreign Corp. File	20
		L.C. File	;; ≈ '''_751
		Fictitious Name File	2021
		S	-
		Merger File	
		Art. of Amend. File RA Resignation	)
			1
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
		Cert. Copy	
		Photo Copy Certificate of Good Standing	
		Certificate of Status	_
		Certificate of Fictitious Name	
		Corp Record Search	_
		Officer Search	
1	<b>)</b> /	Fictitious Search	
		Fictitious Owner Search	
Signature		Vehicle Search	
<del>-</del> -		Driving Record	
Requested by:		UCC 1 or 3 File	
Nama	Date Time	UCC 11 Search	
Name		UCC 11 Retrieval	
Walk-In	Will Pick Up	Courier	
The second section of the second section of the second section of the second section of the second section sec		•	

## COVER LETTER

	on of Corporations		
SUBJECT:	3280 W TRADE, LL	C, a Florida Limited Liability Company	
<u> </u>		of Limited Liability Company	_
The enclosed A	rticles of Organization and fe	e(s) are submitted for filing.	
Please return al	I correspondence concerning t	this matter to the following:	
		Reynaldo Rivera	
	<del> </del>	Name of Person	
		Reynaldo Rivera	<u>(</u> 2
		Firm/Company	70,400,7
	3309 Alginet Drive		<u> </u>
		Address	197 117
		Encino, CA 91436	ب مار. <u>د</u>
		City/State and Zip Code rmrso@earthlink.net	· in =
	E-mail address: (to b	e used for future annual report notification)	
for further infor	mation concerning this matter.	please call:	
	heila I. Ortiz	at (305) 979-2215	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is a cl	seck for the following amount	:	
\$125.00 Filing	Fee X \$130.00 Filing Fee Certificate of Stat	cus Certified Copy Certified Copy (additional copy is enclosed) Certifie	Difiling Fee, cate of Status & cd Copy all copy is enclos
٠	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 266   Executive Center Circle Tallahassee, FL 3230	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3280 W TRADE, LLC, a F	Florida Limited Liability Company
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3309 Alginet Dr., Encino, CA 91436	3309 Alginet Dr., Encino, CA 91436
ARTICLE III - Registered Agent, Registered Office, & Re	
	-
mother business entity with an active Florida registration.)	
(The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agen  Sheila I. Or	nt are:

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 603, F.S..

460 SW 133rd Avenue

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

Miami, FL 33184

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>MGR</u> Reynaldo Rivera 3309 Alginet Dr. Encino, CA 91436 MGR Maria F. Ramos-Rivera 3309 Alginet Dr. Encino, CA 91436 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 06/21/2024 . (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 liste the document's effective date on the Department of State's records.

REQUIRED SIGNATURE:

ARTICLE VI: Other provisions, if any,

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.

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 5.817.155, F.S.

Reynaldo Rivera

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)