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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 Phone : (786)356-1156 Fax Number : {305}564-6768

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FLORIDA LIMITED LIABILITY CO. CAPITAL FLOW TRADER LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

From Prime Corporate Filing 1.305.564.6768 Thu Dec 5 14:12:59 2024 MST Page 2 of 3 (((H24000399496 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CAPITAL FLOW TRADER 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:

Mailing Address:

650 NE 32nd St, Apt 3806 Miami, FL 33137

650 NE 32nd St, Apt 3806 Miami, FL 33137

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:

PRIME FILING LLC

Name

1818 SW 1ST AVE, SUITE 2015

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

MIAMI,

33129

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. 1 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.

Maria J Luslmo

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	MBR" = Authorized Member		
TVI*	GR" = Manager		
	AMBR	CIRO BRUNO ISAIAS SEVILLA	
_		650 NE 32nd St. Apt 3806 MIAMI, FL 33137	
		- Title Carlotte Carlotte	
_			*****
			
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			=======================================
(Us	e attachment if necessary)		~

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.

CIRO BRUNO ISAIAS SEVILLA

Typed or printed name of signee