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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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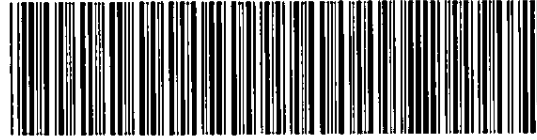
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
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1. **MMAS TRADING LOGISTICS LLC**

(CORPORATE NAME AND DOCUMENT #)

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization**  
**For**  
**MMAS Trading Logistics LLC**  
Florida Limited Liability Company

**ARTICLE I - Name:**

The name of the Limited Liability Company is MMAS Trading Logistics LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

17730 NW 36th Ave .  
Miami Gardens, FL 33056

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Michael S Matthews  
17730 NW 36th Ave .  
Miami Gardens, FL 33056

*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.*

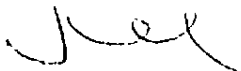


Michael S Matthews, Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Michael Matthews  
17730 NW 36th Ave .  
Miami Gardens, FL 33056



Joyce Woods, Organizer

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