

TRANSMITTAL LETTER

L990000001738

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TRADELINE NEGOTIATION TECHS LLC
(Proposed corporate name - must include suffix)

300002820469--2
-03/26/99--01103--004
****285.00 ****285.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy

☐ \$78.75 Filing Fee & Certificate of Status

ADDITIONAL COPY REQUIRED

APPROVED
AND
FILED

FROM: ARTHUR L. JOHNSON
Name (Printed or typed)

2829 Villamore AVE
Address

Tallahassee, FL 32310
City, State & Zip

850-575-5045
Daytime Telephone number

99 MAR 26 PM 1:15
TALLAHASSEE, FL 32314
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME Arthur L. Johnson
Availability OK
Document Examiner OK
Updater OK
Updater Verifier OK
Acknowledgment OK
W. P. Verifier OK

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRADELINE NEGOTIATION TECHS LLC.

ARTICLE II - Address:

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

2408 SPINGARN CT.
ORLANDO, FL. 32118

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

INDEFINITE

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ 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:

ARTHUR L. JOHNSON
2829 VILLAMORE AVE
Tallahassee, FL. 32310

ARTHUR L. JOHNSON

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 26 PM 1:19

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AND
FILED

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

*Annice Johnson
2829 Villamore Ave
Tallahassee, FL 32310*

shall have THE RIGHTS to operate the LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
ARTHUR L. JOHNSON certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 3,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 3,000.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ARTHUR L. JOHNSON

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: TRADE LINE NEGOTIATION TECHS

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

ARTHUR L. JOHNSON
NAME

2408 SPZINGARN CT.
Florida street address (P. O. Box NOT ACCEPTABLE)

ORLANDO FL 32118
CITY, STATE AND ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent