IM QQ	110		
Sunotato Requestor	r's Name		116
Ad	dress		
City/State/Zip	Phone #	Office Us	e Only
CORPORATION NAME	E(S) & DOCUMENT NUM	BER(S), (if known):	
1. Coding (Corporation N	rade port (Do	(Cument #)	<u> </u>
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NEW FILINGS	AMENDMENTS		
	Amendment	2000	
	Resignation of R.A., Officer/Directo	r -0	027570629 1/28/9901030013 ***293.75 ****293.75
	Change of Registered Agent		
	Dissolution/Withdrawal		1W94-116
Other N	Merger		Name
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION		Availability Document Examiner
Tablisous Ivaine	oreign imited Partnership	ia-	Updater
	einstatement	DIVISION OF CO	Updater Verii ver
 	rademark LI: II Wh	85 NAL 99	Acknowledgement
			W. P. Verifyer
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Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of	INA TRADEPORT, LLC foreign limited liability company rand in the name at present.)	must end with the w	ords "limited company" or their abbrev	iation "L.C." if not
DEI	LAWARE	3.		
(Jurisdicti company	ion under the law of which foreign is organized)	limited liability	(FEI number, if application	able)
DE	ECEMBER 21, 1998	5.	PERPETUAL	
	(Date of Organization)		(Duration: Year limited liability con exist or "perpetual")	pany will cease to
UP	PON QUALIFICATION			
	(Date first transacted busine	ss in Florida. (See s	sections 608.501, 608.502, and 817.155	, F.S.)
TW	VO ALHAMBRA PLAZA, P	H-2		<u> </u>
CO	DRAL GABLES, FL 3314	6		
		(Street address o	of principal office)	
List nam vill man	ne, title, and business address lage the foreign limited liabili	of each managir ity company in I	ng member[MGRM] or manager[Florida: (attach additional page if	MGR]who necessary)
ist nam vill man	nage the foreign limited liabili NAME & ADDRESS:	ity company in F	ng member[MGRM] or manager[Florida: (attach additional page if NAME & ADDRESS:	MGR]who necessary) TITLE:
List nam vill man	NAME & ADDRESS: ARMANDO CODINA	ity company in F TITLE: MGRM	Florida: (attach additional page if	necessary)
ist nam vill man	nage the foreign limited liabili NAME & ADDRESS:	ity company in F TITLE: MGRM	Florida: (attach additional page if	necessary) TITLE:
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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
CODINA TRADEPORT, LLC certifies:	- 4:
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000.00</u> ;
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 (This total includes amounts from 2 and 3 above.)	\$ <u>1,000.00</u> .
- Alexander	. "
Signature of a member or an authorized representative of a mem (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.)	iber.
ARMANDO CODINA	r 66 SECALO
Typed or printed name of signee	FIECRETARE ION OF CO.
	~\ _\
	ED STATE RPORATION AM II: 39

Filing Fee: \$250.00 for Application and Affidavit

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.

ipany is:	
s of the registered agent and office are:	
GG SECR)
BOULEVARD, SUITE 4900	
FL 33131	CTATE -
SECRETARY OF STATE (Name) BOULEVARD, SUITE 4900 dress (P.O. Box NOT ACCEPTABLE) 3300	FILEO CTATE

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.

K. LAWRENCE GRAGE

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CODINA TRADEPORT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CODINA TRADEPORT, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9533676

991025863

2982085 8300

DATE:

01-21-99