Filing Fee: \$150.00

ID Number: _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

GLOBAL TRADES, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

					·
3.	The limited liability company is organized under the laws of MISSISSIPPI				
4.	The date of its organization is JANUARY 1, 2010				
5.	The period of duration of the limited liability company is (if perpetual, so state)			}}	
6.	The address of the limited liability company's resident agent in Rhode Island is:				COR
	20 MAIN STREET	WICKFORD		02852	- n - o
	(Street Address, not P.O. Box)	(City/Town)		/Zip	
	and the name of the resident agent at such address is <u>RI</u>	CHARD B. CARPENTER (Name of Agent)		AM 11:	
7.	The secretary of state is appointed the agent of the fore time there is no resident agent or if the resident agent ca diligence.	eign limited liability company for ser Innot be found or served following th	vice 1e ex	of sec ces ercise of	reasonable

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

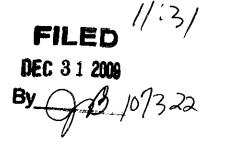
NOT YET DETERMINED

9. The mailing address for the limited liability company is:

P. O. BOX 476

PASCAGOULA, MS 39568-0476

Form No. 450 Revised: 12/05



- 10. Management of the Limited Liability Company:
 - A. The limited liability company is to be managed visual by its members. (If you have checked this box, go to item no. 11.)

<u>or</u>

B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Manager	Address

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date:

GLOBAL TRADES, LLC

Print Exact Name of Limited Liability Company Making Application

Signature of authorized person

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

GLOBAL TRADES, LLC

Formed December 9, 2009

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

3103 PASCAGOULA STREET PO BOX 698 PASCAGOULA MS 39567

and that the registered agent at that address is:

RANKIN, C. SCOTT

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand and seal of office December 17, 2009

Mest Hosemann, dr.

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 11695886-1 Page 1 of 1 Reference: C. Scott Rankin - NHM Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws

of Rhode Island, as amended, has been filed in this office on this day:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

