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(Requestor's Name)				
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PłCK-UP WAIT	MAIL			
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Co						
_{subject:} Parad	ox Capital, LLC					
Sobole II.	(Name of Limit	ed Liability Compa	nny)		_	
The enclosed Articles of	Organization and fee(s) are	submitted for filing	<u>.</u> .			
Please return all correspondent	ondence concerning this mate	ter to the following	:			
Richard J	. Marriott					
		(Name of Person)				
Marriott A	Advisors, LLC					
		(Firm/Company)				
61 Barba	ra Drive			5	07 SE	
	· · · · · ·	(Address)		į		
Norwalk,	CT 06851				3 29 HAS:	WE THE STREET
*· 19 ***	(Cit	y/State and Zip Code	:)		E P	
For further information of	concerning this matter, please	e call:			FLORI	عدمي محمد
Richard J. Ma		_at (_203	354-46			
(Name	of Person)	(Area Cod	e & Daytime Tel	ephone Number)		
Enclosed is a check fo	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co- (additional cop)	py	\$160.00 Filing Certificate of Certified Cop (additional copy	Status & y	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	ourier Address ion Section of Corporations tuilding ceutive Center C sec, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	ry is:				
Paradox Capital, LLC					
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of t	he principal office of the Limited Lia	ability Company is:			
Principal Office Address:	Mailing Address:				
306 Pinetree Street	306 Pinetree Street				
Duck Key, FL 33050	Duck Key, FL 33050				
ARTICLE III - Registered Agent, Registre (The Limited Liability Company cannot serve as its own	tered Office, & Registered Agent's	Signature:			
business entity with an active Florida registration.)		TAS O			
The name and the Florida street address of	the registered agent are:	FORE TANG			
Roger Marriott		G 29 HASS			
1	m < m (50)				
306 Pinetree S	PH 3: 10 ELF STATE ELF LORIDA				
Florida street address (P.O. Box NOT acceptable)		3: 10 STATE:			
Duck Key, FL 3	3305 Q լ				
City, S	state, and Zip				
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple	d in this certificate, I hereby accept th pacity. I further agree to comply with	e appointment as the provisions of all			

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Roger Marriott 306 Pinetree Street Duck Key, FL 33050 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Roger Marriott

that the facts stated herein are true.)

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee