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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2008

PAUL SALTZ P.O. BOX 100391 PALM BAY, FL 32910-0391

SUBJECT: PAUL ROBIN SALTZ, LTD, LLC

Ref. Number: W08000026741

We have received your document for PAUL ROBIN SALTZ, LTD, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LTD.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 208A000342373

COVER LETTER

Division of Corporations
SUBJECT: Paul Robin Saltz, LTD, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Saltz
(Name of Person)
(Firm/Company)
P.O. Box 100391
(Address)
Palm Bay, FI 32910-0391
(City/State and Zip Code)
For further information concerning this matter, please call:
Paul Saltz 321 288-3200
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sum \exittit{\$\sin \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \text{\$\sum \exim \sed \sin \sin \sin \sin \sin \text{\$\sin \text{\$\sin \tex
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:		
F	ALM BAY TRADING, LLC		
~ Paul Robin Saltz, LTD, LLC	(12/11 01)		
	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
PALM BAY TRADING, LLC	PALM BAY TRADING LLC		
Paul Robin Saltz, LTD, LLC	Paul Robin Calle, LTD, LLG		
206 Roman Avenue NE	P.O. Box 100391		
Palm Bay, FL 32907	Palm Bay, FL 32910-0391		
business entity with an active Florida registration.) The name and the Florida street address of the Paul Saltz	egistered Agent. You must designate an individual or another ne registered agent are:		
206 Roman Avenu			
	address (P.O. Box NOT acceptable)		
Palm Bay	_{FL} 32907		
City, Sta	te, and Zip		
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

P.O. Box 100391 Palm Bay, FL 32910-0391 LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Paul Saltz Typed or printed name of signee			Name and Address:	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:				
P.O. Box 100391 Palm Bay, FL 32910-0391 LE V: Effective date, if other than the date of filing: (OPTION fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Paul Saltz Typed or printed name of signee				
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)