L000C	0001	205
SMITH TRADING LLC  Requester's Name  8412 Wellosky Place  Address  Tallahassa		
City/State/Zip Phone #		2 6
1. (Corporation Name)  2. (Corporation Name)	(Document #)	PM 12: 1-7 PM 12: 1-7
3. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
4. (Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Photocopy	Certified Copy  Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R Change of Regis Dissolution/With Merger	
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/Q  Foreign Limited Partners Reinstatement Trademark Other	· · · · · · · · · · · · · · · · · · ·
·		Examiner's Initials

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: SMITH TRADING LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: SMITH TRADING LLC 9127 MANSFIELD' AVE MORTON GROVE IL 60053 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 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 as provided for in Chapter 608, F.S.. Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. (An additional article must be added if an effective date is requested) 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 that the facts stated herein are true.)

AUDREW J. LEPKOSKE

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)