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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

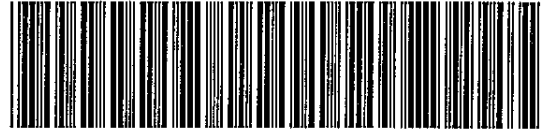
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10/09/03--01003--003 **155.00

AL

**LAW OFFICES
MICHAEL LAPAT**

3300 University Drive
Suite #311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

11 South LaSalle Street
Suite # 1500
Chicago, Illinois 60603
(312) 641-3723
(312) 368-1361 (Fax)

Please Reply to Florida Office

October 6, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

Enclosed please find signed Articles of Organization for Contrarian Fund Advisors, LLC., along with our check in the amount of \$155.00 representing the filing fees for this entity formation. Please file same and return file-stamped copies to this office in the enclosed envelope which I have provided.

Should you have any questions, please do not hesitate to contact the undersigned at 888-263-4774.

Very truly yours,


Lyn McDonald

llm
enclosure

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONTRARIAN FUND ADVISORS, 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:

LYN MCDONALD
(Name of Person)

LAW OFFICE OF MICHAEL LAPAT
(Firm/Company)

3300 UNIVERSITY DRIVE
(Address)

CORAL SPRINGS, FLORIDA 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

LYN MCDONALD at (954) 345-6442
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CONTRARIAN FUND ADVISORS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6400 CONGRESS AVENUE
SUITE 2150
BOCA RATON, FLORIDA 33487

Mailing Address:

6400 CONGRESS AVENUE
SUITE 2150
BOCA RATON, FLORIDA 33487

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

BARRY HONIG

Name

6400 CONTRRESS AVENUE, SUITE 2150

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON FL 33487

City, State, and Zip

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..


Registered Agent's Signature

10-7-07

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BARRY HONIG

6400 CONTRESS AVENUE, SUITE 2150
BOCA RATON, FLORIDA 33487

BARRY HONIG

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 10-7-03
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.)

BARRY HONIG

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)