

LO4000019497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

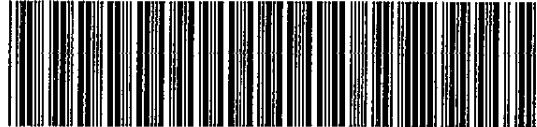
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**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

January 12, 2004

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

Dear Sir or Madam,

Enclosed please find signed Articles of Organization for Quant-FX Management, LLC, along with our check in the amount of \$160.00 representing the filing fee for this entity formation. Please file same and send file-stamped and certified 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

lm  
enclosure

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JAN 13 2004  
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3:52

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QUANT-FX MANAGEMENT, 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 OFFICES 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

QUANT-FX MANAGEMENT, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5200 Town Center Circle

Tower 1, Suite 308

Boca Raton, Florida 33486

**Mailing Address:**

5200 Town Center Circle

Tower 1, Suite 308

Boca Raton, Florida 33486

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

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

MICHAEL LAPAT

Name

5200 TOWN CENTER CL., TOWER 1, SUITE 308

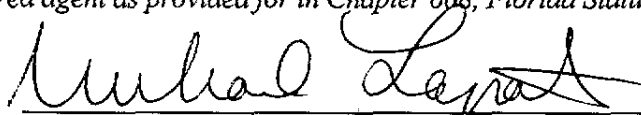
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FLORIDA 33486

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, Florida Statutes..*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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:**

MGR M

Michael Lapat

5200 Town Center Circle, Tower 1, Suite 308

Boca Raton, Florida 33486

MGRM

Steven Michael

5200 Town Center Circle, Tower 1, Suite 308

Boca Raton, Florida 33486

(Use attachment if necessary)

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

**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 that the facts stated herein are true.)

MICHAEL LAPAT

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)