

L04000075841

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000208831 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

RECEIVED
04 OCT 19 PM 4:08
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Hybrid Trading & Resources, L.L.C.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

FILED
04 OCT 19 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hybrid Trading & Resources, L.L.C.**ARTICLE II - Address:**

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

Principal Office Address:1660 Nocatee DriveMiami, FL 33133**Mailing Address:**1660 Nocatee DriveMiami, FL 33133**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation SystemName1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)Plantation, Florida 33324City, 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 this 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..

CT Corporation System

[Signature]
Jeffrey P. Graves
Assistant Secretary

FILED
OCT 19 AM 10:14
SECRETARY OF STATE
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:**MGRMMark Caffray1660 Nocatee DriveMiami, FL 33133MGRMSean McKeough2229 W. Medill AvenueChicago, IL 60647MGRMRichard Cichy7614 Hemlock DriveOrland Park, IL 60462MGRMJames Crompton240 Woodhill RoadNewton, PA 18940

(Use attachment if necessary)

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.)

Edward B. Chez

Typed or printed name of signer

RECEIVED
FALLAHASSE, FLORIDA

OCT 19 AM 10:14

FILED