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(608) 827-5300

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Sandtrade, Group LLC

LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # #050002598913

ARTICLES OF ORGANIZATION OF Sandtrade, Group LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Sandtrade, Group LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3335 NW 168th St., Miami, Florida 33056.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tibor Sandor, 3335 NW 168th St., Miami, Florida 33056. Located in the County of Dade.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Tibor Sandor, 3335 NW 168th St., Miami, Florida 33056

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Sandtrade, Group LLC

The name and address of the registered agent and office is Tibor Sandor, 3335 NW 168th St., Miami, Florida 33056. Located in the County of Dade.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Date: November 4, 2005

STATE OF FLORISM COUNTY OF DAGE

ACKNOWLEDGE THIS 1/7/05 BY TIBOR SANDOR WHO PRODUCED FL DRIVES LICENSE' 19 ID.

FAX AUDIT # 465000 2598913