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2006 JAN 17 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_ Certificates of Status Special Instructions to Filing Officer:

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations FILED

2006 JAN 17 P 2: 55 Futures (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: 372 Paulus Court Boca Ruton, FL 33486
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Person) at (954) 275-6285 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & [X] \$160.00 Filing Fee, Certified Copy Certificate of Status Certificate of Status &

### Mailing Address

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

### Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

# FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIMBERTY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Futures LLC (Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
372 Paulus Court Boca Ratun, Fr 33486	372 Paulus Court Bora Raton, Fr. 33486
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another

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

Stephen P. Sweeney

Name

372 Paulus Court

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

Boca Raton, FL 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Ma "MGRM" = N	mager Managing Member	Name and Add	SECRETARY OF STAT
MGRM		Sandra 160 SW Deerfield	32nd Terrace
	<u> </u>		-
(I loo atta - h	ant if managemy)		
TICLE V: Effects	s listed, the date must b		. (OPTIONA be more than five business day
TICLE V: Effection an effective date is or 90 days after the	ive date, if other than the s listed, the date must be e date of filing.)  SIGNATURE:	e specific and cannot	be more than five business day
TICLE V: Effection an effective date is or 90 days after the	ive date, if other than the s listed, the date must be e date of filing.)  SIGNATURE:  Signature of a member (In accordance with sec	e specific and cannot  I m help or or an authorized repre- ction 608.408(3), Florida situtes an affirmation under	be more than five business day  Lowell  Sentative of a member.  Statutes, the execution

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)