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Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: "Registration Se Division of Con					
SUBJECT: AAA A		Fund Management	, LLC		
	(Name of Limite	d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
Shea Def					
	(Name of Person)			
Law Office	es of Michael Lap	at			=
	(Firm/Company)		190	UVISI
3300 University Drive, Suite 311		06 DEC	0 N C		
	<u> </u>	(Address))FAX
Coral Springs, FL 33065		PH	CORPORAT		
	(City.	State and Zip Code)	-	E+:1	STAT
For further information of	concerning this matter, please	call:		ω	DHS E
Shea DeRosa	Shea DeRosa at (954) 345-6442				
(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check fo	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA Alpha Beta Hedge Fund Managemen (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
401 W. Linton Blvd., Suite 300 Delray Beach, FL 33444	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registery A. DesiDerio	red Agent. You must designate an individual or another gistered agent are:
Name	II PN
401 W. Linton Blvd., Suit	to 300
Florida street addre	ess (P.O. Box NOT acceptable)
Delray Beach City, State, an	FL 33444
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Jerry A. DesiDerio 401 W. Linton Blvd., Suite 300 Delray Beach, FL 33444 MGRM Kenneth Brown 401 W. Linton Blvd., Suite 300 Delray Beach, FL 33444 MGRM Berton Brown 401 W. Linton Blvd., Suite 300 Delray Beach, FL 33444 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Jerry A. DesiDerio

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

ure of a member or an authorized representative of a member.

Filing Fees:

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