# L07000082226

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800107045518

08/10/07--01025--014 \*\*160.00

RECEIVED

O7 AUG 10 PM 1:50
SECRETARY OF STATE

T Memoton AUC 1 0 2007

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fx Soyder 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:
John Keister
FxSpyder, LCC
2915 Kerry Forest Pkwy, Ste. 103
Tallahassel, FL 32309
(City/State and Zip Code)
For further information concerning this matter, please call:
John Keister at (850) 391-3625  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Status}\$\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$\$  Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit	y Company is:
Principal Office Address: Mailing Address:	
2915 Kerry Forest Pkwy 3915 Kerry Forest Pkwy Ste. 103 Tallahassel, FL-32309 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of business entity with an active Florida registration.)	Plcuy, Ste. 10  309  nature:  or another
The name and the Florida street address of the registered agent are:	
John Keister	
Name	
6272 Whittendale Br	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapt	pointment as provisions of all niliar with and
- Juyo	SE O.
Registe ed Agent's Signature (REQUIRED)	7 AUG 10 PI
(CONTINUED)	
Page 1 of 2	~ · · ·

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:**

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.)

Taha Kaistan

Typed or printed name of signee

#### 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)

D7 AUG 10 PM 1:50
ECRETARY OF STATE
LLAHASSEE, FLORID