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Division of Corporations
Fax Number : (850) 617-6383

From: ELIZABETH R. TOMUN
Account Name : FOWLER, WHITE 2
Account Number : 119990000148
Phone : (813) 228-7411
Fax Number : (813) 228-9401

104-0717

FLORIDA/FOREIGN LIMITED LIABILITY CO.

McCANN SILVER CREEK LOW VOL STRATEGIES LLC

		***	Certificate of Status	ез применя страдину <u>стради с</u>	A. LUNT
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McCANN SILVER CREEK LOW VOL STRATEGIES LLC

(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 Liability Company is:

Principal Office Address:	Malling Address:			
1700 South MacDill Avenue				
Suite 360				
Tampa, FL 33629-5128				
ARTICLE M - Registered Agent, Registered (The Limited Liability Company cannot acroe as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the in Robert H. Waltuch Name 501 E. Kennedy E. Florida street address Florida street address of the inches in the second street address of the inches in the inches in	registered agent are: Slvd. Suite 1700 dress (P.O. Box NOT acceptable)	SECRETARY OF STATE	nature: amother 2009 JAN I U A II: 08	

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

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ARTICLE IV- Manager(s) or Managing Mcmber(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Scott Lynch 1700 South MacDill Avenue			
	Tampa, FL 33629-5128			
		SE	7008	
		AR AR		
		SEE. FL	<u></u>	. M . O
(Use attachment if necessary)		RIDA	H: 08	

ARTIC (If an ei to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of 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.)

Robert H. Waltuch

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)

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