# 1080034744

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

Office Use Only



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D. BRUCE

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EXAMINER

# **COVER LETTER**

то:	Registration Se Division of Cor					
SUBJE	T. MARKE	ETS EDGE FIXED	RETURN	FUND, LLC	;	
SCEGEN		(Name of Limite				_
The encl	osed Árticles of	Organization and fee(s) are s	ubmitted for filir	ng.		
Please re	eturn all correspo	ndence concerning this matte	er to the followin	g:		
J	IULIE HAN	ICOCK				
_		(	Name of Person)		TAL AL	08 80
l	_AW OFFI	CES OF MICHAE	L LAPAT		LAH/	APR
_		(	(Firm/Company)	·······	SSE	¥ <del>1</del>
3	300 UNIV	ERSITY DRIVE S	SUITE 311			
			(Address)	•	OR!	51AI
(	CORAL SF	RINGS FL 3306	5		DA	70
		(City	/State and Zip Coo	le)	——————————————————————————————————————	
For furth	ner information co	oncerning this matter, please	call:			
JULI	E HANCO	CK	at ( 954	, 345-6442		
	(Name o	f Person)	\	de & Daytime Telepho	one Number)	_
Enclose	d is a check for	the following amount:				
\$125.0	O Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	opy C by is enclosed) C	160.00 Filing Certificate of Certified Copy additional copy	Status & y
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporations Building secutive Center Circ see, FL 32301	le	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R7	`IC	[L]	ΕI	_	Na	ιm	e:
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The name of the Limited Liability Company is:

# MARKETS EDGE FIXED RETURN FUND, 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:	Mailing Address:
3300 UNIVERSITY DRIVE, SUITE 311	3300 UNIVERSITY DRIVE, SUITE 311
CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address  MAJED SOUE	A = 0 1
	Name
3300 UNIVERS	SITY DRIVE, SUITE 311
Florida	street address (P.O. Box NOT acceptable
CORAL SPRIN	IGS <sub>FL</sub> 33065
Cit	y, 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 (REOUIRED)

(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:

"MGR" = Ma		Name and Address:
"MGRM" = !	Managing Member	
MGR		MAJED SOUEIDAN
		3300 UNIVERSITY DRIVE, SUITE 311
		CORAL SPRINGS FL 33065
MGR		DAN DAVID
		3300 UNIVERSITY DRIVE, SUITE 311
		CORAL SPRINGS FL 33065
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		<del></del>
(Use attachm	ent if necessary)	
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ffective date i days after th	is listed, the date must ne date of filing.) O SIGNATURE:	be specific and cannot be more than five business day

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)

MAJED SOUEIDAN, MANAGER

Typed or printed name of signee