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ORIDA/FOREIGN LIMITED LIABILITY CO.

FXTZONE LLC

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Electronic Filing Menu

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FAX AUDIT # 4090000 29851 3

ARTICLES OF ORGANIZATION OF FXTZONE LLC

ARTICLE I

NAME

The name of the limited liability company shall be: FXTZONE LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 12831 Hunters Vista Blvd., Orlando, Florida 32837.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Pedro de Sousa, 12831 Hunters Vista Blvd., Orlando, Florida 32837. Located in the County of Orange.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Pedro de Sousa, 12831 Hunters Vista Blvd., Orlando, Florida 32837 Jonathan Schneider, 702 - 1485 - 6th Ave., West, Vancouver, Canada V6H4G1

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Date: February 6, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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(608) 827-5300

FAX AUDIT # <u>H09000029851 3</u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: FXTZONE LLC

The name and address of the registered agent and office is Pedro de Sousa, 12831 Hunters Vista Blvd., Orlando, Florida 32837. Located in the County of Orange.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

Pedyo de Sousa

Date:

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SECRETARY OF STATE
TAIL A MASSEF, FI ORIO

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