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RECEIVED

09 MAY - 7 PM 2:38

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 MAY - 7 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 7 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 05-07-2009

REF. #: 000380.104058

CORP. NAME: BULLTICK GENERAL PARTNER, LLC

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TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530207 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
BULLTICK GENERAL PARTNER, LLC**

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**ARTICLE I
NAME**

The name of the Limited Liability Company is Bulltick General Partner, LLC.

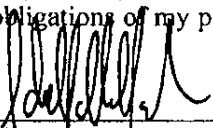
**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 701 Brickell Avenue, Suite 2550, Miami, Florida 33131.

**ARTICLE III
REGISTERED OFFICE, REGISTERED AGENT AND REGISTERED AGENT'S
SIGNATURE**

The name and the Florida street address of the registered agent is Adolfo del Cueto Aramburu, 701 Brickell Avenue, Suite 2550, Miami, Florida 33131.

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.

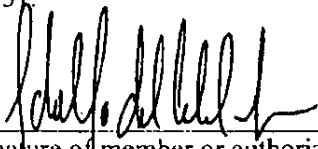


Registered Agent's Signature

**ARTICLE IV
MANAGING MEMBER**

The name and address of the initial Managing Member are Adolfo del Cueto Aramburu, 701 Brickell Avenue, Suite 2550, Miami, Florida 33131.

Date: May 6, 2009



Signature of member or authorized representative

Adolfo del Cueto

Typed or printed name of Signee