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(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
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Certified Copies.	Certificates of Status <u>Cartificates of Status</u>
Special Instructions to Filing	Officer:
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10/27/09--01031--017 **160.00

Effective Date

10/21/09

OP OCT 27 AN ID: 25

T. HAMPTON

OCT 2 8 2009

EXAMINER

COVER LETTER

TO:	Registration Solution of Control (Control (Contr		
SUBJI	ECT:	IAT C	Global Markets LLC
		Name of Limit	ted Liability Company
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	ter to the following:
		С	David L. Frank Name of Person
			Name of Person
		IAT G	ilobal Markets LLC
			Firm/Company
		4800 Lyons Te	echnology Parkway, Suite 3
			Address
	Coconut Creek, Florida 33073		
			ty/State and Zip Code ank@bellsouth.net
	-	E-mail address: (to be used	for future annual report notification)
For fur	ther information	concerning this matter, please	e call:
		id L. Frank	at (
	Name	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL, 32301

Effective Date $\left[0 \middle| 2\right] 0^{9}$

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Name.						
ARTICLE I - Name: The name of the Limited Liability Company is:						
IAT Clobal Marketa III C						
(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:					
4800 Lyons Technology Parkwa Suite 3	y 4800 Lyons Technology Parkway Suite 3					
Coconut Creek, Florida 33073	Coconut Creek, Florida 33073					
The name and the Florida street add	David L. Frank					
	Name					
4800 Lyons	Technology Parkway, Suite 3					
Florida street	t address (P.O. Box NOT acceptable)					
Coconut	T					
	City, State, and Zip					
liability company at the place de registered agent and agree to act in statutes relating to the proper and accept the obligations of my pos	gent and to accept service of process for the above stated limite signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S	all				
Registered A	Agent's Signature (REQUIRED)	FCRE				

(CONTINUED)

SECRETARY OF STATE
SIVISION OF CORPORATIONS
OF CORPORATIONS

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:

Managing Member	David L. Frank 4800 Lyons Technology Parkway, Suite 3 Coconut Creek, Florida 33073
(Use attachment if necessary)	

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.)

DAUS 2, FRANK

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)

DIVISION OF CORPORATION