BLUMBERGEXCELSIOR

Fax: 888-692-9256.

Mar 15 2010

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

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## FLORIDA LIMITED LIABILITY CO. MME TRADING LLC

Certificate of Status	0	
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Page Count	03	
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MAR 16.2010

EXAMINER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MME TRADING LLC	<i>;</i>	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
500 South US Highway 1, Unit 204	500 South US Highway 1, Unit 204	
Jupiter, Florida 33477	Jupiter, Florida 33477	
The name and the Florida street address of t		10 MAR I
MICHELE SELTMAN		<u></u>
Name		3
500 South US Highway 1, Unit 204		
Florida stree	nt address (P.O. Box <u>NOT</u> acceptable)	ð.
Jupiter	PL 33477	Ġ
City, St	ate, 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, MICHELE SELTMAN

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manag	ing Member(s):
The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MICHAEL CANALE
	500 South US Highway 1, Unit 204
	Jupiter, Florida 33477
MGR	MICHELE SELTMAN
	500 South US Highway 1, Unit 204
	Jupiter, Florida 33477
;	
<del></del>	
•	
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
$\mathcal{M}$ .	Lettman.
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)
MI	CHELE SELTMAN
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)