

From: Division of Corporations

L10000053960

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H10000118575 3)))



H100001185753ABC

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD
Account Number : 1200000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

FILED
2010 MAY 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10 MAY 28 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
PARKER FUNDS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

A. LUNT
MAY 19 2010
EXAMINER

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Corporate Filing Menu

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From:

05/18/2010 08:25

#610 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

((H10000118575 3)))

The name of the Limited Liability Company is:

Parker Funds, 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:

7841 WHISPERING
PALMS DR BOYNTON BEACH
FL 33437

Mailing Address:

7841 WHISPERING
PALMS DR BOYNTON BEACH
FL 33437

FILED
2010 MAY 18 AM 10:40
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City, 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..

Melissa Allen - Melissa Allen - Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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From:

05/18/2010 08:26

#610 P.003/003

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

(((H10000118575 3)))

Robert Altshul
7841 Whispering Palms Dr.
Boynton Beach FL 33437

2010 MAY 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Robert Altshul
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.)

ROBERT ALTSHUL
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)

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