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J. SAULSBERRY EXAMINER APR 13 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Microtylub Brokers LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beorgina Rooriguez
Microtrono Brokers LLC.
5510 Castlegate Ave.
Address Davie F 3333 ARR A City/State and Zip Code
Gity/State and Zip Code GING COSA OMSN-COM SSET
E-mall-address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Georgina Rooriguez at 186 942-1717 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\infty\$155.00 Filing Fee & \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$ \$\infty\$\$\$\$ \$\infty\$
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:
440 Sawgrass Corp. Phwy. 5510 Castlegate Ave Suite 210-13 Survive, FI 33325 Davie, FI 3333
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: Cagina Roarigue Service Name SSIO Castle gate for Service Florida street address (P.O.Box NOT acceptable) 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 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Miquel Ropriquez - Albisu 5519 Castlegate Are.
MGRM	Davic, Fl 33331 Georgina Rooriguez 5510 Castlegak Arc Pavic, Fl 333331
	LAHASSEI
(Use attachment if necessary)	DF STATE ORID
CLE V: Effective date, if other than the date effective date is listed, the date must be so days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Corging Coorgue Z 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)