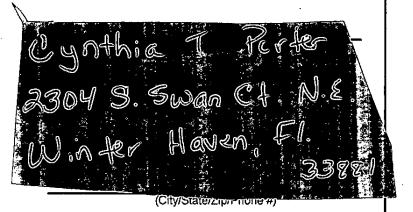
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COVER LETTER

Division of Corporations	
SUBJECT: MKX Asset Management, LLC Name of Limited Liability Company	
Name of Enniced English, Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Cunthia I Porter	
Cynthia T. Porter Name of Person	
N/A	
Firm/Company	
2304 S. Swan Ct. N.E.	
Winter Haven F1. 33881 City/State and Zip Code Cynthia 58@ tampa bay. rr. com E-mail address: (to be used fortature annual report notification)	;]
City/State and Zip Code	4 1.17
(4nth a 58@ tampabay.rr.com E-mail address: (to be used for future annual report notification)	
$\sim 26 M_{\odot}$	أمد
Cynthia T. Porker at (863) 207-5446 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{\$155.00 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 AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MKX Asset Managem (Must end with the words "Limited Liability	ent, LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2304 S. Swan Ct. N.E. Winter Haven, Fl. 33881	2304 S. Swan Ct. N.E. Winter Haven, Pl. 33881
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Burna G. B.	gistered agent are: ALLAHASSEI ALLAHASSE
Name	(SSE)
801 Oak Ave	1:10
Florida street addr	ess (P.O. Box NOT acceptable)
Fort Meade City, State	ess (P.O. Box NOT acceptable) FL 33841 e, 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 (REOUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:	
Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member	
Managing Member Cynthia T. Porter 2304 S. Swan Ct. N.E. Winter Haven, Fl. 33881 Managing Member Mikea A. Porter 2304 S. Swan Ct. N.E.	
Minte Hoven Fl. 32781 7	
SECRITARY OF STATES	1 (200 1
(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 pro or 90 days after the date of filing.)	rior
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.)	
Cynthia T. Porter Typed or printed name of signee	

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: