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To:

Division of Corporations

: (850)617-6383

Please retain original filing C T CORPORATION date of submission 07/02

From:

Account Name

Account Number : FCA000000023

Phone Fax Number : (850) 222-1092 : (850)878-5368

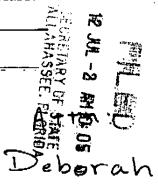
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

Nitro Trading LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00



D. BRUCE

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Corporate Filing Menu

Help JUL 0 9 2012

COVER LETTER

TO:		ion Section of Corporations		:		
SUBJ	ECT: Nitro	Trading LLC				
		Name of Lin	nited Liability Company			
The en	closed Artic	es of Organization and fee(s) ar	re submitted for filing,			
Please	return all con	respondence concerning this ma	atter to the following:			
	Frank Spr	inger		-,,,,,	· · · · · · · · · · · · · · · · · · ·	
			Name of Person			
	DLA Pipe	r LLP				
			Firm/Company			
	200 South	Biscayne Boulevard, Ste 2	2500		•	
			Addross	•	_	
	Miami, FL			•	<u> S</u> .	zi-
			ity/State and Zip Code		200	6
	frank.sprin	ger@dlapiper.com	for future annual report notification)		<u>₹</u> ## \$	
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For furt	ther informat	ion concerning this matter, plea	se call:			e. Erren
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	Na Na	me of Person	at () Area Code & Daytimo Tele	nhous Number	- 25 B	
		ine of Faskoti	rings acad to payallic 100	opiniono i minori	A SE	
Enclose	ed is a checi	k for the following amount:				
\$125.00	Piling Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (udditional copy is enclosed)	\$160,00 Fili Certificate of Certified Co (additional co)	of Status &	
		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 C		•	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1. 17 July 201 10 10 July 201		
Nitro Trading LLC		
(Must end with the words "Li	imited Linbility Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
200 S. Biscayne Blvd, Ste 2500	200 S. Biscayne Blvd, Ste 2500	•
Attn: Michael A. Silva	Attn: Michael A, Silva	
Miami, FL 33131	Miami, FL 33131	
ARTICLE III - Registered Agent, R.	edistered Office & Decistored Agent's Signature	* 300
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Plorida street addres		12 JUL - 2
The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s of the registered agent are:	JUL -2
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Plorida street address	own Registered Agent. You must designate an individual or another and the second secon	M 2- M
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Plorida street address	s of the registered agent are:	ME S- Nr.
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Plorida street addres CT Corporation 1200 South Pine Isla	s of the registered agent are:	M 2- M
The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Plorida street addres CT Corporation 1200 South Pine Isla	s of the registered agent are:	ME S- Nr.

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.

By: Carlaro Obusino.

Registered Agent's Signature (REOURED)

Registered Agent's Signature (REQUIRED)

Barbara A, Burke Special Assistant Secretary

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Plorida 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.) Michael A. Silva Typed or printed name of signee Filing Pees: \$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Cartified Copy (Optional)

Page 2 of 2

5 5.00 Certificate of Status (Optional)