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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MANKET ENTROPY, LLC  Name of Limited Liability Company
Name of Emilied Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN R SCHULT Z Name of Person
Name of Person
MARKET ENTRUPY L.C. Firm/Company
Firm/Company
5035 USSEPA COURT
Address
PUNTIA GOADA, FLORIDA 33950  City/State and Zip Code  STEVE PSCHULTZ @ 9 MAIL. COM  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
STEVERSCHULTZ ( GYMIFIC COV)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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  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 CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MARKET ENTROPY, L	.L.C
MARKET ENTROPY, L (Must end with the words "Limite	ed 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:
5035 USSEPA COUNT FUNTA GORDA, FL 33950	5035 USSEPA COUNT PUINTA GORDA, FL 33950
ARTICLE III - Registered Agent, Registered Office The Limited Liability Company cannot serve as its ow mother business entity with an active Florida registrat	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registere	ed agent are:
STEVEN A	SCHULTZ
_5035 USSE	PA CT
Florida street address (P.O. Bo	ox NOT acceptable)
PUNTA GOADA	FL 33950
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company of ept the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
STEVEN A	SCHULT Z. nature (REQUIRED)
Registered Agent's Sign	ued)
(CONTIN	UED)
Page 1 of	<b></b> .
	CO On

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	STIPLEN A SLAVITT
	5935 USSETA CT
11/10	PUNTA GORDA, FL 339
MAR	reggylee chilly
	Punta Golda, 46 33
	,
	<u> </u>
Jse attachment if necessary)	
V: Effective date, if other than the tive date is listed, the date must	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
filing.) VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with sections)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with sect constitutes an affirmation)	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the tive date is listed, the date must filling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of the constitutes an affirmation I am aware that any false constitutes a third degree.	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
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