Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	rporations : (850)617-6381	₩ ,
	tax unmmer	: (830)017-0361	ŕ
From:			7°
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	3* \$7
	Account Number		7
	Phone	: (305)552-5973	8
	Fax Number	: (305)675-5944	[·
**Ente	er the email addr	ess for this business entity to be used for	or fűture
	annual report ma	ilings. Enter only one email address pleas	·61, ***

FLORIDA LIMITED LIABILITY CO. F1 GLOBAL ADVISORS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	s:
F1 Global Advisors, LLC	
(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "L.C." or "L.C.")
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8145 SW 53 Avenue	8145 SW 53 Avenue
Mlaml, FL 33143	Mlami, FL 33143
	16.4
ARTICLE III - Registered Agent, Registere (The Limited Limbility Company cannot serve as its own Regional business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Jorge Sonville	
Name	- 144 - 171 HA
8145 SW 53 Avenue	#
Florida street ad	dress (P.O. Box NOT acceptable)
Miami	FL 33143
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 605 F.S.

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows

"M(rK" = Manager	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	per
MGRM	
MONITOR	Jorge Sonville
	8145 SW 53 Avenue
	Mlami, FL 33143
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
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