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Florida Department of State Division of Corporations

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To: Division of Co Fax Number	rporations : (850)922-4003	DIVISION 99 AUG
From: Account Name Account Number Phone Fax Number	: FAS-T CORP. AGENTS, INC. : 071001002335 : (305)599-0839 : (305)716-0346	ECRETARY OF STATE SIGN OF CORPORATION AUG 20 AM 10: 08

LIMITED LIABILITY COMPANY

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 20, 1999

FAS-T CORP. AGENTS, INC.

SUBJECT: TRADEPORT ONE PARTNERS, L.L.C. REF: W99000019308

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The docuemnt must include the period of duration, which may be perpetual.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist FAX Aud. #: H99000020832 Letter Number: 199A00041935

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Division of Corporations - P.O. BOX 6327 -Tallabassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

Tradeport One Partners, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2911 Grand Avenue, Suite 4A Coconut Grove, FL 33133

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

Ca The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Ulrich Koker Corporation 5352 Fisher Island Drive Fisher Island Miami, FL 33109-307

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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ARTICLE VI - Members Rights to Continue Business:

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The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Tradepoz	t One	
Partners, L.L.C.	certifics:	
1) the above named limited liability company has at least one member; 2) the total amount of each contributed by the member(s) is	\$1,000.00 ;	
 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be 	\$;	
contributed by member(s) is	<u>\$1,000.00</u>	
. wal here		
Signature of a member or an authorized representative of a men	nber.	
(In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	f this facts	
By: It's Manager - Ulrich Koker Corporation By: It's President - Ulrich Koker		
Typed or printed name of signee		

Filing Fee: \$250.00 for Articles and Aildavit

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Tradeport One Partners, L.L.C.

2. The name and the Florida street address of the registered agent are:

	NAME	······	
2911 Grand Avenue	a, Suite	4A	•
Florida street ad	dress (P. O. Bo)	X NOT ACCEPTABLE)	
Coconut Grove,	ान	33133	

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.

<u>></u>	incoluter 12PA	
	SIGNATURE	

Filing Fee: \$ 35 for Designation of Registered Agent