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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Options University Strategist, L	
(Name of Limi	ited Liability Company)
• • • • •	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Brett J Fogle	
(Na	me of Person)
Options Universty Strategis	t LLC TALLAR TA
(Fir	m/Company)
925 S. Federal Hwy, Su	st LLC  SECRETARY OF STATE  m/Company)  site 510  (Address)
Boca Raton, FL 33432	
(City/St	ate and Zip Code)
For further information concerning this matter, ple	•
Jeff Manera	at ( 561 ) 750-4345
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim \mathbb{\text{\$\subset\$}}\$\$125.00 Filing Fee \text{\$\subset\$}\$\$\$\$Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate  Status Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Options University Strategist LLC	
(Name of Foreign Limit	ed Liability Company)
2. Delaware	<sub>3.</sub> 20-8974949
(Jurisdiction under the law of which foreign limited liabili company is organized)	ty (FEI number, if applicable)
<sub>4.</sub> May 5, 2007	<sub>5</sub> Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. June 1, 2007	
(See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
7. 925 S Federal Hwy, Suite 510 Boca F	Raton, FL 33432
(Street Addr	ress of Principal Office)
8. If limited liability company is a manager-manager	ged company, check here nanagers are as follows:
9. The name and usual business addresses of the n	nanaging members or managers are as follows:
Brett J Fogle, 925 S. Federal Hwy Suite	510 Poss Poton El 22/22 m <sup>-4</sup>
·	510 Boca Ratoll, FL 55452 ED 7 1 12:
	77 3 70 A
	190 days old, duly authenticated by the official having custody of records in ecopy is not acceptable. If the certificate is in a foreign language, a submitted.)
11. Nature of business or purposes to be conducted	d or promoted in Florida: Online options trading
educational services	
(In accordance with section 608.408(	n authorized representative of a member. 3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)

Typed or printed name of signee

## 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:

#### **Options University Strategist LLC**

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

Options	University	LL(	$\supset$

(Name)

925 S Federal Hwy, Suite 510

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Boca Raton, FL 33432 F

City/State/Zip

2007 MAY 17 PM 12: 38
SECRETARY OF STATE TO TALLAHASSEE, FLORIDAD

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, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

## Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIONS UNIVERSITY STRATEGIST LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MAY, A.D. 2007.



Harriet Smith Windsor, Secretary of State

DATE: 05-08-07

AUTHENTICATION: 5657130

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