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COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: Options University Forex, Ll	LC				
	ted Liability Company)				
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited				
Please return all correspondence concerning this ma	atter to the following:				
Joseph Frontiera					
(Nar	me of Person)				
Options Unviersity Forex, LLC					
(Fire	m/Company)				
925 S Federal Hwy Suite 510					
(Address)					
Boca Raton, FL 33432	ate and Zip Code)				
(City/Sta	ate and Zip Code)				
For further information concerning this matter, please call:					
Joseph Frontiera	ase call: at (561) 750-4345, 1202				
(Name of Person)	(Area Code & Daytime Telephone Number)				
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\Bigs\\$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 Forex, LLC	,		_
\sim	(Name of Foreign Limited Liability Company; must inclu	ide	"Limited Liability Company, L.L.C., or "LLC.")	
	ptions University Forex LLC name unavailable, enter alternate name adopted for the purpor		of temporating hydrogo in Florida and attach a convert th	_ a writter
cor	name unavariable, enter alternate name adopted for the purposisent of the managers or managing members adopting the alternatery," "L.L.C.," "LLC.")	rna	ate name. The alternate name must include "Limited Liab	ility
2	DE 3	1	26-4082637	
(Jurisdiction under the law of which foreign limited liability company is organized)	,.	(FEI number, if applicable)	_
4.	12/22/08	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Flo	ori	da. if prior to registration.)	_
	(See sections 608.501 & 608.502 F.S.	. to	determine penalty liability)	
7.	925 S Federal Hwy, Suite 510			
	Boca Raton, FL 33432		Principal Ottion	
	(Street Address	ot	Principal Office)	-to-Market Prints
8.	If limited liability company is a manager-managed	l c	ジス 〜	SU SERVEDA
9.	The name and usual business addresses of the man	aε	i i i	
	Brett J Fogle		ting members or managers are as follows:	
	925 S Federal Hwy Suite 510			_
	Boca Raton, FL 33432			_
the	Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photocopnslation of the certificate under oath of the translator must be sub-	by i	s not acceptable. If the certificate is in a foreign language, a	
11	. Nature of business or purposes to be conducted o	r J	promoted in Florida:	
	education of currency exchange			
	M			_
	Signature of a member or an au (In accordance with section 608.408(3), I an affirmation under the penalties of perior Brett J Fogle	F.S	corized representative of a member. the execution of this document constitutes by 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 Forex, LLC		_
If name unavailable, the alternate name to be used in the state of Florida is:		
Options University Forex LLC		_
2. The name and the Florida street address of the registered agent and office are:		
Brett J Fogle		
(Name)		
925 S Federal Hwy Suite 510	70. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	2009 JAN 22 SECRETAR' TALLAHASS	j.
Boca Raton FL 33432 FL	122 TARY ASSE	and and
City/State/Zip	OF ST	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with anothigations of my position as registered agent as provided for in Chapter 608, Florida Staliability (Signature)	ated limited vent as regist all statutes d accept the	1

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

\$ 25.00

Designation of Registered Agent

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIONS UNIVERSITY FOREX 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 TWENTY-SECOND DAY OF DECEMBER, A.D. 2008.

2009 JAN 22 AM IO: 17
SECRETARY OF STATE
AND AN ASSET FOR DRIVE



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 7040839

DATE: 12-22-08

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