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DEC 21 2010

EXAMINER

COVER LETTER

	Legistration Section Division of Corporations		
SUBJECT		Company, LLC Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Florida," above referenced foreign limited liability company to transact busin	
Please ret	urn all correspondence concerning this	matter to the following:	
	Robert C.		
	•	Name of Person	
	Vintro d	9 64:I_ DI I C	
	Kinkead	& Stilz, PLLC Firm/Company	
		1 mil Company	
	301 East	Main Street, Ste. 800	
		Address	
	Lexingto	on, Kentucky 40507	
•		City/State and Zip Code	ö
	rstilz@k	sattorneys.com	8 7
	E-mail address:	: (to be used for future annual report notification)	N Panara
For furthe	r information concerning this matter, pl	lease call:	
	, voi	ايد لمد	
	Robert C. Stilz, Jr.	at (859) 296-2300	ب <i>ن</i> س
_	Name of Person	Area Code & Daytime Telephone Number	S
	AAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations legistration Section	Division of Corporations Registration Section	
P	.O. Box 6327	Clifton Building	
Т	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	l is a check for the following amount is a check for the following	ount: Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificat of Status & Certified Copy	e

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.	MRM Commodities Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company, "L.L.C., or "LLC.)				
COI	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the winsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	ritt e n Y			
2.	Kentucky 3. 27-4031809				
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4.	November 17, 2010 5. Perpetual				
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	301 E. Main Street, Suite 800				
. •	>: C	Ī			
	Lexington, Kentucky 40507 (Street Address of Principal Office)	******			
•	(Street Address of Principal Office)	7			
8.	If limited liability company is a manager-managed company, check here	-			
0	The name and your business addresses of the managing manh and a second of the control of the con				
9. The name and usual business addresses of the managing members or managers are as follows: On					
	Robert C. Stilz, Jr., 301 East Main Street, Suite 800, Lexington, Kentucky 40507				
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor	do in			
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	COSIII			
	nslation of the certificate under oath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida:				
	Purchase and sale of precious metals				
	for c. sty				
	Signature of a member or an authorized representative of a member.				
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the				
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)				
	Robert C. Stilz, Jr.				
	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:	
MRM Commodities Company, LLC	<u> </u>
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and offi	ice are:
CT Corporation System (Name)	SSE
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 1: 35 OF STATE OF STA
Planation FL 33324	<u> </u>
City/State/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 608, Florida Statutes.

Assistant Socretary
Katle Markowski

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Commonwealth of Kentucky Trey Grayson, Secretary of State

Trey Grayson
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 108218

Visit http://apps.sos.kv.gov/business/obdb/certyalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MRM COMMODITIES COMPANY LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is November 17, 2010 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of December, 2010, in the 219th year of the Commonwealth.



Trey Grayson
Secretary of State
Commonwealth of Kentucky
108218/0775706