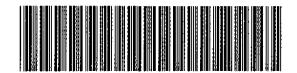
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EXAMINER



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DIVISION OF CORPORATIONS

11 SEP 23 PH 12: E0



ACCOUNT NO. : I2000000195

REFERENCE : 921024

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 22, 2011

ORDER TIME : 9:58 AM

ORDER NO. : 921024-010

CUSTOMER NO: 7185439

FOREIGN FILINGS

NAME: TRADEKING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

COVER LETTER

SUBJECT: T	radeKing, LLC	
SUBJECT:		lame of Limited Liability Company
Existence, and	check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certi above referenced foreign limited liability company to transact business in
Pléase return al	correspondence concerning this n	natter to the following:
	Linh Pham Su	
		Name of Person
	Cooley LLP	
		Firm/Company
	11951 Freedom Drive,	16th Floor
•		Address
	Reston, Virginia 20190	
		City/State and Zip Code
	pclaxton@tradeking.	com; megan@tradeking.com
		(to be used for future annual report notification)
For further info	mation concerning this matter, ple	ease call:
Linh	Pham Su	_{at (} 703) 456-8036
	Name of Person	Area Code & Daytime Telephone Number
Divisio Registr	ING ADDRESS: n of Corporations ation Section >x 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building
P.O. Di	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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 FORER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	6
1. TradeKing, LLC	ري-
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	,
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Li Company," "L.L.C." "LLC.")	the wri
2 Delaware 3	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
4, 4/29/2004 5 Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	lo
6. Converting from a foreign corporation with Florida document number F05000002264 to a foreign LI	_C
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 888 E. Las Olas Blvd., Suite 300, Fort Lauderdale, Florida 33301	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
This LLC is a member-managed company. The sole member is TradeKing Group, Ir	ıc.
Philip A. Claxton is an authorized person for TradeKing Group, Inc.	
888 E. Las Olas Blvd., Suite 300, Fort Lauderdale, Florida 33301	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	records 1
11. Nature of business or purposes to be conducted or promoted in Florida:	
An online brokerage firm specializing in trading equity and option products	•
365	
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.) Philip A. Claxton	

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 Liabil	ity Company is:
TradeKing, LLC	
If unavailable, the alternate to be u	sed in the state of Florida is:
2. The name and the Florida street	address of the registered agent and office are:
Corporation Ser	vice Company
	(Name)
1201 Hays Str	eet
Florida	Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	_{FL} 32301
	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.

Becky Peirce
Assistant Vice President
(Signature)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRADEKING, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADEKING, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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DATE: 09-20-11

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