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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 12/5/2012 12:54 PM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Orga Limited Liability			KLC
Pursuant to KRS 14A and KRS 2	275, the undersigned a	pplies to qualify and for	that purpose subr	mits the following statements:
Article I: The name of the limited	I liability company is			
Solid	FX Tradi	ng LLC		
Article II: The street address of t	he limited liability com	ົ່ງ pany's initial registered ເ	office in Kentucky	is
Street Address Only (No Post Office B		51 - 57 - 51 - 51 - 51 - 51 - 51 - 51 -	1	tucky 40202 Zip Code
and the name of the initial registe	ered agent at that office	eis Erwin	Kober	ts
Article III: The mailing address of Second Street Address or Post Office Box Nur  Article IV: The limited liability con	Street	City City	lle Kei	stucky 402.08. Zip Code
A. a manager(s).  B. its member(s).				
Article V: This application will be	e effective upon filing, u	ınless a delayed effectiv	e date and/or tim	e is provided. The effective
date or the delayed effective date	e cannot be prior to the	edate the application is f	ïled. The date ar	nd/or time is
I/We declare under penalty of pe	rjury under the laws of	the state of Kentucky th	at the foregoing i	s true and correct.
I MC	Mi	David Chi	n Membe	11/08/2012 Date
Signature of Organizer  Signature of Organizer	Z	Printed Name & Title  Alex Sandre  Printed Name & Title	114 JR	Date /2012
Erwin Roberts		consent to serve as the regi	istered agent on heha	alf of the limited liability company.
Print Name of Registered Agent				
Signature of Registered Agent		Erwiw R Printed Name	obents	0/8/12 Date