I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "BOX OPTIONS EXCHANGE LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2010, AT 12:22 O'CLOCK P.M.
CERTIFICATE OF FORMATION
OF
BOX OPTIONS EXCHANGE LLC

This Certificate of Formation of BOX Options Exchange LLC, dated as of August 26, 2010, is duly executed and filed by Lisa Fall, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. §18-101, et seq.).

FIRST: The name of the limited liability company is:

BOX Options Exchange LLC

SECOND: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808, in the County of New Castle. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of BOX Options Exchange LLC this 26th day of August, 2010.

By: [Signature]
Name: Lisa Fall
Title: Authorized Person