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LIMITED LIABILITY COMPANY

Commonwealth Investment, L.L.C.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

J. BRYAN JUL 24 2003

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is : **COMMONWEALTH INVESTMENT, L.L.C.**

**ARTICLE II - Address:**

The mailing address of and street address of the principal office of the Limited Liability Company is:

**48 East Flagler Street, PH-105, Miami, Florida 33131**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street Address of the registered agent are:

Daniel Moskovitz, Esq.

Name

48 East Flagler Street, PH-104

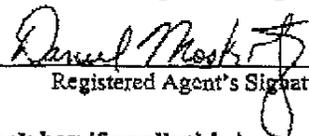
Florida street address (P.O. Box ~~NOT~~ acceptable)

Miami, Florida 33131

City, State and Zip

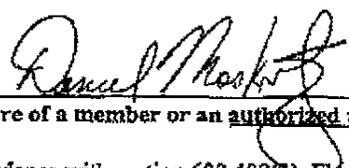
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*Having been named as registered agent and to accept service of process for the stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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, F.S.*

  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Daniel Moskovitz, Esq.

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificated of Status (Optional)

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