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(Requestor's Name)

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(City/State/Zip/Phone #)

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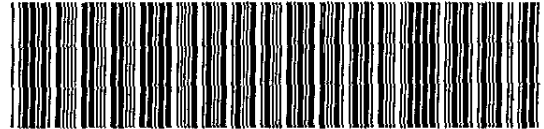
(Business Entity Name)

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Felix Cimadevilla

134 E. 5 St.

Hialeah 33010

Phone - 954-426-1245

Chk# 5541 for \$160.-

Filing Fee - \$100.-

Registered Agent \$25.-

Certified Copy \$30.-

Certificate of Status \$5⁰⁰

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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIMA INSTALLATIONS, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELIX CIMADEVILLA
(Name of Person)

CIMA INSTALLATIONS, LLC
(Firm/Company)


134 E. 5 ST.
(Address)

MIAMI FL 33010
(City/State and Zip Code)

W04-31198

For further information concerning this matter, please call:

FELIX CIMADEVILLA at 954, 426-1245
(Name of Person) (Area Code & Daytime Telephone Number)

✓ 

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2004

FELIX CIMADEVILLA
CIMA INSTALLATIONS, L.L.C.
134 E. 5 ST.
HIALEAH, FL 33010

SUBJECT: CIMA INSTALLATIONS, L.L.C.
Ref. Number: W04000031198

We have received your document for CIMA INSTALLATIONS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of your Articles was left blank. Please complete and sign line 2.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 404A00050495

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIMA INSTALLATIONS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

FELIX CIMADEVILLA
134 E. 5 ST
HALEAH FL 33010

Mailing Address:

F. CIMADEVILLA
40 D. PACHECO
10745 SW 17 PL.
DAVIE FL 33324


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

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

FELIX CIMADEVILLA
Name
134 E. 5 ST.
Florida street address (P.O. Box **NOT** acceptable)
HALEAH FLORIDA 33010
City, State, and Zip

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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..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

FELIX CIMADEVILLA
134 E. 5 ST.
HIKALAH. FL. 33010

MGRM.

LAZARO CIMADEVILLA
134 E. 5 ST.
HIKALAH. FL. 33010

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

FELIX CIMADEVILLA

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 Certificate of Status (Optional)