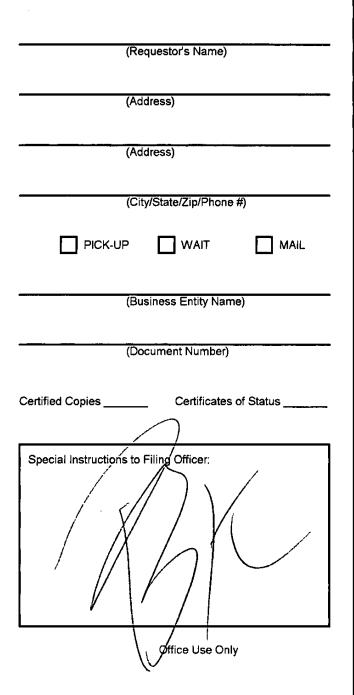
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AHASSEE, FLORIDA

TO ACKNOWLENDED SUFFICIENCY OF FILING DEPARTMENT OF STATE CORPORATION



CORPORATE ACCESS, INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 WALK IN				
			PICK UP: <u>6/23</u>	
			[] CERTIFIED COPY	
РНОТОСОРУ				
CUS				
FILING LLC				
1. CBM LLC (CORPORATE NAME AND DOCUMENT #)	SECRETAR TALLAHASS			
2. (CORPORATE NAME AND DOCUMENT #)	AR FERENCE			
3. (CORPORATE NAME AND DOCUMENT #)	STATE LORIDA O: 44			
4.				
(CORPORATE NAME AND DOCUMENT #)				
5. (CORPORATE NAME AND DOCUMENT #)				
(CORPORATE NAME AND DOCUMENT #)				
SPECIAL INSTRUCTIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CBM, LLC	ACCOUNTY OF THE STATE OF THE ST	23
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
399 West Palmetto Park Road #100	399 West Palmetto Park Road #100	
Boca Raton, FL 33432	Boca Raton, FL 33432	_
business entity with an active Florida registration.) The name and the Florida street address of the re Benjamin Smith Kennedy, Jr. Name 399 West Palmetto Park Ro	oad #100	TALLAHASSEI Ö6 AUG 23 A
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	SEE, FLORIC
Boca Raton,	FL 33432	STA OR
City, State, and Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's Signature.	his certificate, I hereby accept the appoint y. I further agree to comply with the prov rformance of my duties, and I am familia stered agent as provided for in Chapter 6	ntment as visions of all or with and

(CONTINUED) Page 1 of 2

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REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Benjamin Smith Kennedy, Jr.

Typed or printed name of signee

Flung Foos:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2