CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-80<u>0-3</u>42-8062 • Fax (850) 222-1222 200003141582--9 -02/21/00--01109--002 ****160.00 ****160.00 Art of Inc. File_

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Signature		
Requested by:	2/21	(2;30
Name	Date	Time
Walk-In	Will Pick Up	

	LTD Partnership File
	Foreign Corp. File
	L.C. File Cert. d(ent- at Stat.
	Fictitious Name File
	Trade/Service Mark
	Merger File Property
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
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	Photo Copy
	Certificate of Good Standing
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Courier_



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 21, 2000

CAPITAL CONNECTION, INC.

SUBJECT: CAPITAL INVESTMENT UNION LLC

Ref. Number: W0000004711

We have received your document for CAPITAL INVESTMENT UNION LLC 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 enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 300A00009158

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CAPITAL INVESTMENT UNION LLC

ARTICLE I- Name

The name of the Limited Liability Company is

CAPITAL INVESTMENT UNION LLC

ARTICLE II-Address

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

8515 NW 29th Street, Miami, Florida 33122

ARTICLE III

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

Bennett G. Feldman 2655 Lejeune Road Suite 508 Coral Gables, FL 33134

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.

BENNETT G. FELDMAN

ARTICLE IV Management

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

BENNETT G. FELDMAN, as authorized representative of

a member of the Limited Liability Company

(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)

BENNETT G. FELDMAN