## 1000000031a3

CIRPUS FUND, L.L.C.

7541 NW 15<sup>th</sup> St. Plantation, FL 33313

Feb 24, 2000

Florida Dept. of State Registration Section Division of Corporations Post Office Box 6327

Tallahassee, FL., 32314

tel:954.583.6863 fax: 954.583.7444 toll free:888.293.7655 rwjustin@hotmail.com

900003151019--2 -02/29/00--01021--019 \*\*\*\*125.00 \*\*\*\*125.00

Enlosed find ARTICLES OF ORGANIZATION for CIRRUS FUND, L.L.C., a FLORIDA LIMITED LIABILITY COMPANY and check number 1026 in the amount of \$125.00 for filing fees.

Thank you for your attention to this matter.

Sincerely,

Robert W. Justin, Registered Agent 15-5191

STATE AND THE TRANSPORTERS
ON MAR 20 PH 1: 00

Enc:



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 3, 2000

ROBERT W. JUSTIN 7541 NW 15TH ST. PLANTATION, FL 33313

SUBJECT: CIRRUS FUND, L.L.C. Ref. Number: W00000005791

We have received your document for CIRRUS FUND, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 900A00011985

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:		
The name of the Limited Liab	bility Company is:	ے رکم ٌ
Cirrus Fund, L.L.C.	· · · · · · · · · · · · · · · · · · ·	·O , 💥
J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1/4
ARTICLE II – Address:		1 PA 1.00
	et address of the principal office of the Limited Liability Company is:	0
7541 NW 15 <sup>th</sup> Street Plantat	tion Florida 33313	
ARTICLE III – Registered	Agent, Registered Office, & Registered Agent's Signature:	
	reet address of the registered agent are:	
	Robert W. Justin	
	Name	
	7541 NW 15 <sup>th</sup> St	
	Florida street address	·· <u>-</u>
	Plantation, Fl., 33313	
	City, State, and Zip	
	•	
	I further agree to comply with the provisions of all statutes relating to of my duties, and I am familiar with and accept the obligations of my polyfor in Chapter 608, F.S.	
	JONO Officer	<del></del>
	Registered Agent's Signature	
A TOTAL CIT ON THE COMME	A COLUMN TO A TAX T	
AKTICLE IV – Managemo	ent [ Check box if applicable.]	
The Limited Liability manager – managed compan	Company is to be managed by one manager or more managers and is, t	herefore, a
Γ.Α ο	Additional anticle annet be added if an effective data is a second	_
[An ac	dditional article must be added if an effective date is requested]	
	Napatra Minten.	
	Signature of a member or an anthorized representative of a member.	
	organization of an analysis were representance of a member.	
	[In accordance with section 608.408[3], Florida Statutes, the execution	
	of this document constitutes an affirmation under penalties of perjury	

Robert W. Justin

that the facts stated herein are true].

Typed or printed name of signee