

FROM : LUSKY & MOTOLA P.A.
Division of Corporations

PHONE NO. : 305 446 1205

Mar. 20 2002 08:57AM P1

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : LUSKY & MOTOLA, ESQ.
Account Number : 110331002052
Phone : (305) 446-1245
Fax Number : (305) 446-1205

DIVISION OF CORPORATION

02 MAR 20 AM 9:12

RECEIVED

LIMITED LIABILITY COMPANY

C & A, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

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

ARTICLE I: Name The name of the Limited Liability Company is:
C & A, L.L.C.

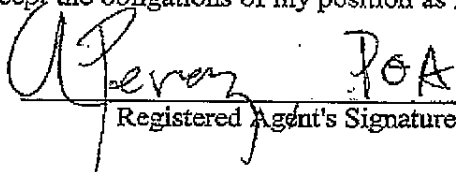
ARTICLE II Address: The mailing address and street address of the principal office of the Limited Liability Company is:

6725 SW 28 Street, Miami, Florida 33155

ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Ana C. Perez, 6725 SW 28 Street, Miami, Florida 33155

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, F.S.


Registered Agent's Signature

Article IV Management

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


Signature of Member or Authorized Representative

(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.)


Typed or Printed Name of Signer

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 20