L02000016933

May 15, 2002

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

000005574260--5 -05/20/02--01044--017 ****160.00 ****160.00

To Whom It May Concern:

Please find attached the Articles of Organization for: Cima Management Group, L.L.C. 1255 Biscayne Blvd. # 883 North Miami, FL 33181 EIN # 01-0686026

Also a check in the amount of \$160.00 to cover the following fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy \$5.00 Certificate of Status

If you have any additional questions or require further information please feel free to contact me at:

Joel I. Rivas 1432 NE 105th Street Miami Shores, FL 33138 (630)309-2499

Sincerely,

Joel I. Rivas

President, Cima Management Group, L.L.C.

02 JUL -5 MM 8: 05
TALLAHASSEE, FLORIO

789, 1023, 67)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 22, 2002

JOEL I RIVAS 1432 NE 105TH STREET MIAMI SHORES, FL 33138

SUBJECT: CIMA MANAGEMENT GROUP, LLC

Ref. Number: W02000014948

We have received your document for CIMA MANAGEMENT GROUP, 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):

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) 245-6097.

Marsha Thomas Document Specialist

02 JUL -5 AM 8: 05

Letter Number: 202A00033067

ARTICLES OF ORGANIZATION FOR FLCRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cima Management Group, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1255 Biscayne Blvd. #883 North Miami, FL 33181

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

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

Joel I. Rivas
Name
1432 NE 105th Street
Florida street address (P.O. Box NOT acceptable)
Miami Shores, FL 33138
City, State, and Zip

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 (Check box if applicable.)

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

(An additional article must be added if an effective date is requested

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.)

Joel I. RIVAS - MEMBER

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)