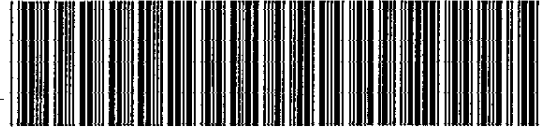


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)



CAPITAL MANAGEMENT GROUP, LLC
568 9th Street South, PMB 350, Naples, FL 34102

900008531519

(City/State/Zip/Phone #)

10/24/02--01102--010 **155.00

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(Business Entity Name)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMG Account Management, LLC

ARTICLE II - Address:

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

975 6th Avenue South, Suite 200, Naples, FL 34102

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

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

Charles W. Braikland
Name
975 6th Avenue South, Suite 200
Florida street address (P.O. Box **NOT** acceptable)
Naples, FL 34102
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.

Charles W. Braikland
Registered Agent's Signature

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

Charles W. Braikland
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.)

Charles W. Braikland
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)