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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

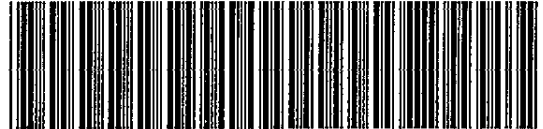
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CAASI INVESTMENTS, L.L.C.**  
**5130 Linton Blvd., Suite 4D/5D**  
**Delray Beach, FL 33484**

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

November 4<sup>th</sup>, 2002

Re: Registration of CAASI Investments, L.L.C.

Gentlemen,

Attached, please find,

1. An executed Articles of Organization for Florida Limited Liability Company of the above referenced,
2. A check # 0869 drawn on Fidelity Federal Bank & Trust in the amount of \$160.00 representing filing fees for
  - Articles of Organization,
  - Designation of Registered Agent,
  - Certified Copy, and
  - Certificate of Status,
3. Name: CAASI Investments, L.L.C.,
4. Address: 5130 Linton Blvd, Suite 4D/5D, FL 33484
5. A day time Telephone number (561)499-0972.

Thank you for your cooperation in advance.

Sincerely,

  
Isaac K. Thompson

Member, CAASI Investments L.L.C.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: CAASI INVESTMENT L.L.C.

### ARTICLE II - Address:

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

5130 Linton Blvd Ste. 4D/5D Delray Beach, FL 33484

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

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

EMMANUEL THOMPSON

Name

5130 LINTON BLVD, SUITE 4D/5D

Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH, FL 33484

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.*

*et Thompson*

Registered Agent's Signature

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

*Isaac K. Thompson*

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.)

ISAAC K. THOMPSON

Typed or printed name of signer

### 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)

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