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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03 SEP 22 AM 8:55

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONTINENTAL MANAGEMENT SOLUTIONS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK FICARA  
(Name of Person)

CONTINENTAL MGMT. SOLUTIONS, INC.  
(Firm/Company)

12240 SW 53 ST #572  
(Address)

COOPER CITY, FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK FICARA at (954) 680-3399 X222  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CONTINENTAL MANAGEMENT SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12240 SW 53 ST. #512  
COOPER CITY, FL 33330

SAME

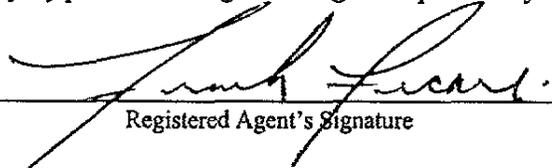
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FRANK FICARA  
Name

12240 SW 53 ST. #512.  
Florida street address (P.O. Box NOT acceptable)  
COOPER CITY FL 33330  
City, State, and Zip

I 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

(CONTINUED)

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03 SEP 22 AM 8:55  
CLERK OF THE COURT  
TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALEX BREAZ  
16565 NW 10 ST  
PEMBROKE PINES, FL 33028

MGRM

GEOFF WHITE  
12780 SW 107 ST.  
MIAMI, FL 33186

MGRM

MATT HAAS  
13425 SW 108 STREET CIRCLE SOUTH  
MIAMI, FL 33186

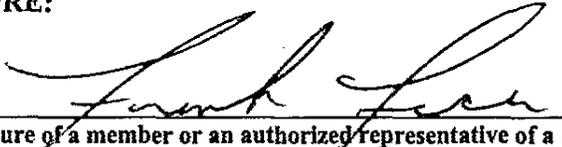
MGRM

FRANK FICARA  
13810 NW 20 ST  
PEMBROKE PINES, FL 33028

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

FRANK FICARA

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)