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

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY  
CAPITAL INVESTMENT TRUST, LLC  
~~Capital Investment Group, LLC~~

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

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Department of State 12/1/2003 10:31 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 1, 2003

A1A CORP SERVICES

SUBJECT: CAPITAL INVESTMENT TRUST, LLC  
REF: W03000035666

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Trevor Brumbley  
Document Specialist

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305 221 8996;

Nov-26-03 5:17PM;

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

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Capital Investment Trust, llc

**ARTICLE II: Address**

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

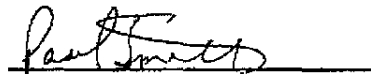
8306 Mills Drive # 633  
Miami, FLORIDA 33183

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY FL 32351

Having been named as registered agent 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.



A1A REGISTERED AGENT INC./ Registered Agent's Signature

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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PAGE 2 Capital Investment Trust, llc

ARTICLE V: MEMBERS (optional)

Member:

Joe Gonzalez

8306 Mills Drive # 633

Miami , FL 33183

Member :

Iliana Eguaras

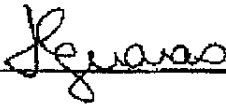
8306 Mills Drive # 633

Miami , FL 33183

ARTICLE VII: INDEMNIFICATION

The LLC shall indemnify any member or manager, and may indemnify any employee or agent, to the fullest extent permissible under Florida law, including attorney's fees and expenses to any person who is or was a member or manager of the LLC.

\_\_\_\_\_



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.)

Iliana Eguaras

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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