

L03000057186Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
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DIVISION OF CORPORATIONS

03 DEC 31 AM 7:48

RECEIVED

LIMITED LIABILITY COMPANY**Commercial Investment Group, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECURITY FILE
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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UP
12-31-03

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name

The name of the Limited Liability Company is: **Commercial Investment Group, LLC**

ARTICLE II - Address

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

Principal Office Address:

215 North Federal Highway, #6-G

Boca Raton, FL 33432

Mailing Address:

215 North Federal Highway, #6-G

Boca Raton, FL 33432

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

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

Patrick Kraft

Name

2832 NE 26th Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Lauderdale, FL 33305

(City / State / Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

X

Patrick Kraft

Registered Agent's Signature - Patrick Kraft

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Shary Thur - 1194 Hillsboro Mile #62, Hillsboro Beach, FL 33062

(Use attachment if necessary)

REQUIRED SIGNATURE:

X 
Signature of a member or 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.)

Shary Thur

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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