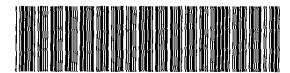
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

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TO: Registr

Registration Section

Division of Corporations

04 JAN -5 AM 10: 32

CTM Properties, LLC

SECRETARY OF STATE TALLAHASSEE. FLORIDA

SUBJECT:		IALLAHASSEE. FLORI
	(Name of Limited Liability Company)	
The enclosed Articles of Organiz	ration and fee(s) are submitted for filing.	

Please return all correspondence concerning this matter to the following:

Tianjiao Z. McPherson	
(Name of Person)	
CTM Properties, LLC	
(Firm. Company)	_
4007 Billingham Lane	
(Address)	
North Port, FL 34288	
(City State and Zip Code)	
For further information concerning this matter, please call:	
Tianjiao McPherson at 941 426-3927	
(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

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ARTICLES OF ORGANIZATION **FOR**

FLORIDA LIMITED LIABILITY COMPANY SECRETARY OF STATE TALLAHASSEE. FLORIDA 04 JAN -5 AM 10: 32

The name of the Limited Lightlity Company is	
The name of the Limited Liability Company is	S:
CTM Prope	erties, LLC
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
4007 Billingham Lane	4007 Billingham Lane
North Port, FL 34288	North Port, FL 34288
	e registered agent are:
The name and the Florida street address of the	registered agent are: McPherson
The name and the Florida street address of the Tianjiao Z. I Nam 4007 Billing	e registered agent are: McPherson e gham Lane
Nam 4007 Billing	e registered agent are: McPherson e
The name and the Florida street address of the Tianjiao Z. I Nam 4007 Billing	e registered agent are: McPherson e gham Lane

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

FILED

04 JAN -5 AM 10: 32

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

The name and address of cach Man	ager of intallaging intellioct is as it	MOWS.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM -	Christopher I. McPherso 4007 Billingham Lane North Port, FL 34288	
MGRM	Tianjiao Z. McPherson 4007 Billingham Lane North Port, FL 34288	
·		<u> </u>
	<u></u>	<u></u>
		
(Use attachment if necessary)	_	
NOTE: An additional article mus	 st be added if an effective date is	requested.
REQUIRED SIGNATURE:		- <u>-</u> -
Signature of a member or	an authorized representative of a mer	mber.
	n 608.408(3), Florida Statutes, the execut s an affirmation under the penalties of peare true.)	
Trangic Typed	or printed name of signee	<u> </u>

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)