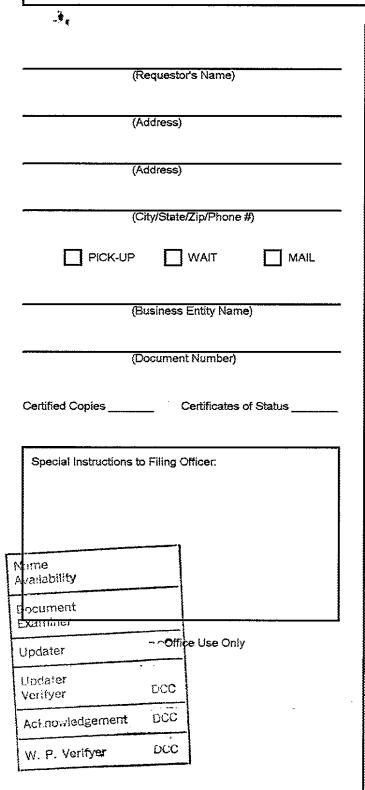
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
·	
SUBJECT: C.A.S.P. EQUITY PARTNERS L.L.C.	-
(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:	
Fredric S. Bear	
(Name of Person)	
Karkus Press	
(Firm/Company)	
474 Old Bridge Turnpike (Address)	
(1.44.1.45)	<u> </u>
South River, NJ 08882 (City/State and Zip Code)	SECRET Asions O4 Ma r
For finisher information consuming this water when well	FIL RARY
For further information concerning this matter, please call:	ED OF STATE AM 10: 20
<u>Mary Ann Frikker</u> at (732) 238-0650	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Name of Person) (Area Code & Daytime Telephone Number)	O == m

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 II - Address:			
	et address of the pri	incipal office of the Limited Liab	ility Company i
Principal Office Address:		Mailing Address:	
6292 D'orsay Court	-	6292 D'orsay Court	
Delray Beach, Fl 334	84	Delray Beach, Fl 3	3484
			F 37
ARTICLE III - Registered	Agent, Registered	Office, & Registered Agent's S	ignature:
The name and the Florida str	east addrage of the re	aristand arout and	
	cct address of are in	egisteteu agent ate.	5.1
	cet address of are i	egisteted agent are.	5.1
	harles Parrino	egistered agent are.	5.1
		egistered agent are.	. 38F0RATIO . AN IO: 20
	Charles Parrino Name		3.2
6	harles Parrino Name 292 D'orsay Cou		5.1
<u>6</u>	Charles Parrino Name 6292 D'orsay Cou orida street address (P.O	o. Box <u>NOT</u> acceptable) FLORIDA 33484	5.5
<u>6</u>	Charles Parrino Name 5292 D'orsay Cou orida street address (P.O	o. Box <u>NOT</u> acceptable) FLORIDA 33484	5.5

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Anthony Thomas Salandra		
	63 Mill Road Extension		
•	Woodcliff Lake, NJ 07677		
MGR	Charles Parrino		
	6292 D'orsay Court		
	Delray Beach, Fl 33484		
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		Ð	Z Z S
		HAR	SCR
(Use attachment if necessary)		<u></u>	ETARY O
NOTE: An additional article must be	e added if an effective date is requested.	AM 10: 20	F STATE FORATION
REQUIRED SIGNATURE:	4 81/1-		55
anlly	Monas of Men		
Signature of a member or a	n authorized representative of a member.		
	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)		
Anthony Thomas	Salandra		
	rinted 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)