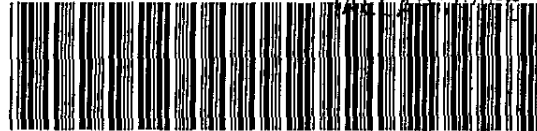


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2004 APR 12 P 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2004 APR 12 P 12:54

SUBJECT: C & W North Investments, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Aftab Cumber  
(Name of Person)

H.A. Cumber, Inc.  
(Firm/Company)

10100 West Sample Road #205  
(Address)

Coral Springs, FL 33065  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ken Wilson at (954) 753-4242 x 207  
(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

FILED

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

2004 APR 12 P 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C + W North Investments, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10100 West Sample Road

Suite 205

Coral Springs, FL 33065

**Mailing Address:**

10100 West Sample Road

Suite 205

Coral Springs, FL 33065

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

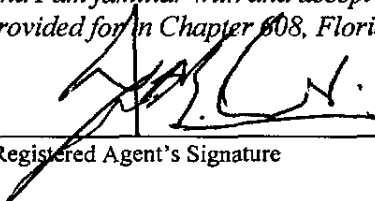
The name and the Florida street address of the registered agent are:

Aftab Cumber  
Name

10100 West Sample Road #205  
Florida street address (P.O. Box NOT acceptable)

Coral Springs FLORIDA 33065  
City, State, and Zip

*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

FILED

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

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

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Aftab Cumber

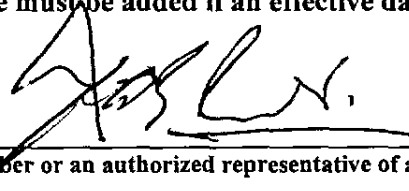
10100 West Sample Road #205

Coral Springs, FL 33065

(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.)

Aftab Cumber

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)