

L040000038637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

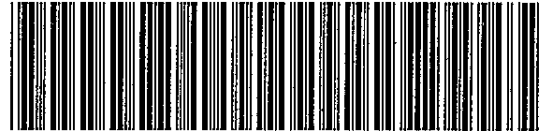
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-21-04

DAVID W. CRAFT, P.A.

Attorney at Law
3418 Poinsettia Avenue
West Palm Beach, Florida 33407

Phone (561) 844-3131

Fax (561) 844-6267

E-Mail craftatty@bellsouth.net

Attorney:

David W. Craft

Paralegal:

Leslie P. Ginocchio, CLA

May 14 , 2004

Division of Corporations
Fla. Dept. of State
409 E. Gaines Street
Tallahassee, FL 32399

FEDERAL EXPRESS

Attn: Registration Section

Re: C.M. Ventures, L.L.C.

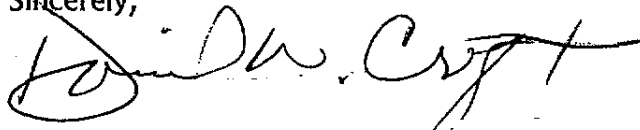
Gentlemen:

Enclosed please find an original and one (1) copy of the Articles of Organization regarding the above-referenced limited liability company.

I have enclosed my client's check # 1274 for \$125.00 to cover the \$100.00 filing fee and \$25.00 registered agent fee. A self-addressed, stamped envelope is enclosed for the letter of acknowledgment.

Should you have any questions or problems in this regard, please give me a call. Thank you for your assistance.

Sincerely,



David W. Craft

DWC:cac

Encls.

AND
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

C.M. VENTURES, L.L.C.

ARTICLE I. NAME

The name of the Limited Liability Company is:

C.M. VENTURES, L.L.C.

ARTICLE II. ADDRESS

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

473 Oriole Point, Jupiter, FL 33458

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

David W. Craft

Name

3418 Poinsettia Avenue

Florida street address

West Palm Beach, FL 33407

City, State and Zip

Having been named as registered agent and to accept service of process for the above state 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.

David W. Craft

Registered Agent's Signature

+ G. Martin 5/12/04
Signature of 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 penalties of perjury that the facts stated herein are true.)

Craig Martin

Typed or printed name of signee

473 Oriole Point, Jupiter, FL 33458

Address of signee

04 MAY 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED