

L048000 60513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

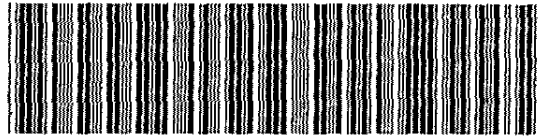
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/04--01013--022 **160.00

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RECEIVED
DIVISION OF CORPORATE AFFAIRS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citi Global Investments, LLC
(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:

Peter Hanna
(Name of Person)

Citi Global Investments, LLC
(Firm/Company)

500 S.E. 12th St.
(Address)

Fort Lauderdale, Florida 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Hanna at (954) 525-7612
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a Money Order in the amount of \$160.00
for filing fee, Designation of R.A., certified copy, and a copy of

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

04 AUG 16 PM 3:41
ST. JACOB'S
DIVISION OF CORPORATIONS
STATES
Thank you

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Citi Global Investments, LLC

ARTICLE II - Address:

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

Principal Office Address:

500 S.E. 12th St.

Ft. Laud., FL 33316

Mailing Address:

500 S.E. 12th St.

Ft. Laud., FL 33316

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

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

Peter Hanna

Name

500 S.E. 12th St.

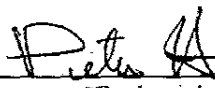
Florida street address (P.O. Box **NOT** acceptable)

Ft. Laud., FL 33316

FLORIDA

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

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dil Mohammad

500 S.E. 12th St.

Ft. Laud., FL 33316

MGRM

Syed H. Ali

500 S.E. 12th St.

Ft. Laud., FL 33316

MGRM

Peter Hanna

500 S.E. 12th St.

Ft. Laud., FL 33316

(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.)

Peter Hanna

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE &
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