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SECRETARY OF STATE

TRANSMITTAL LETTER

	Registration Section Division of Corporations					
SUBJEC		_				
(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:						
WAZIR KHAN (Name of Person)						
	(Name of Person)					
	····					
	(Firm/Company)	•				
	103 S. CORTEZ DR. (Address)					
(Address)						
	MARGATE FL. 33068 (City/State and Zip Code)	÷				
(City/State and Zip Code)						
For further information concerning this matter, please call:						
MA	212 KHAM at (954) 970 - 5206 (STORM (Area Code & Daytime Telephone Nimber)	- 3				
(Name of Person) (Area Code & Daytime Telephone Nimber)						
	FISAL S	U				

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 NAME:

WAZIR KHAN.

ADDRESS.

102 SOUTH CORTEZ DR.

MARGATE . FL. 33068.

HOME TEL. (954) 970-5206.

CEU.

(754) 264-6151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
_ CARIB CONSTRUCTU	ON LLC
ARTICLE II - Address: The mailing address and street address of the principal street.	ipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
102 S. CORTEZ DR.	102 S. CORTEZ. DR.
MARGATE FL.	MARGATE FL.
33068.	33068
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The Name and Registered Agent, Registered Of The Name and Registered Agent, Registered	stered agent are:
The name and the Florida street address of the regis WAZIR KHA Name	stered agent are:
The name and the Florida street address of the regis WAZIR KHA Name 102 S. CORTE: Florida street address (P.O. Bo	Stered agent are: AN SECRETARY ANSSEE AN DE SECRETARY

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)

The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	MAZIR KHAN. 102 S. COPTEZ DE. MARGATE: FC. 33068			
(Use attachment if necessary)	ALS ~			
REQUIRED SIGNATURE:	added if an effective date is requested.			
(In accordance with section 608, of this document constitutes an a that the facts stated herein are tra	408(3), Florida Statutes, the execution affirmation under the penalties of perjury i.e.)			
Typed or pri	C KHAN. nted name of signee			

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

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)