

104000072736  
FILED  
2004 OCT -6 A 10:36

Florida Department of State  
Division of Corporations  
Public Access System

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000199866 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

RECEIVED

04 OCT -6 PM 4:07

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**CTE INVESTMENT GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED

2004 OCT -6 A 10:36

ARTICLES OF ORGANIZATION OF  
CTE INVESTMENT GROUP LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A Florida Limited Liability Company

ARTICLE I NAME

The name of this Limited Liability Company shall be CTE  
INVESTMENT GROUP LLC

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAIL ADDRESS

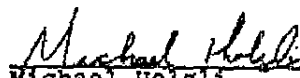
The principal place of business and mailing address of this  
company shall be:

1325 NW 93<sup>rd</sup> Ct No B109  
Miami, FL 33172

ARTICLE III MANAGEMENT

The Limited Liability Company is a manager-managed company  
to be managed by one or more managers.

Dated this 5<sup>th</sup> day of October 2004.

  
\_\_\_\_\_  
Michael Holzli  
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 are true)

FILED

2004 OCT -6 A 10: 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

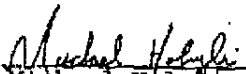
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Michael Holzli  
1325 NW 93<sup>rd</sup> Ct No B109  
Miami, FL 33173

ACKNOWLEDGMENT:

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.

  
\_\_\_\_\_  
Michael Holzli