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To:

Div. sion of Corporations

Fax Number

: (850)205-0383

From:

: ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A. Account Name

Account Number : 076624003440 Phona : (305)444-6226

Fax Number

: (305)442-4829

## LIMITED LIABILITY COMPANY

### CMA ENTERPRISES, LLC.

Certificate of Status	1
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### ARTICLES OF ORGANIZATION

OF

### CMA ENTERPRISES, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

### ARTICLE I NAME

The name of this Limited Liability Company is: CMA ENTERPRISES, LLC.

### ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liab ity Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a number or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

### ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida, is 21600 SW 162 AVENUE, GOULDS, FL 33170. The Board of Managers may from time to time move the principal office to another address in Florida.

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# ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That CMA ENTERPRISES, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

### ARTICLE VI MANAGEMENT

The Limited Lial ility Company is to be managed by one or more managers and is, therefore, a manager-managed company. The Initial Managers of the limited liability company shall be SUSIE ACOSTA and ANA FERNANDEZ of 21600 SW 162 AVENUE, GOULDS, FL 33170.

WITNESS th: hand and seal of the members in Miami-Dade County, State of Florida, this 6<sup>th</sup> day of December 2004.

Authorized Representative of Member

STATE OF FLO. (IDA	) ) SS:		
COUNTY OF MIAMI-DADE	)		
PERSONALL !? appeared bef who being by me first duly swor			
expressed.	· -	7 1 1/	0.0
		1. II. a.	

WITNESS m. hand and seal at Miami-Dade County, Florida filis, 6th day of December, 2004.

NOTARY POBLIC, STATE OF FLORIDA

My commission expires:

Laura Kofin Commission #DD319617 Expires: May 16, 2008 Bonded Thru Atlantic Bonding Co., Inc.

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That CMA ENTERPRISES, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of ny duties.

REGISTERED AGENT

CARLOS F. ARAZOZA

Managing Director

Arazoza & Fernandez-Fraga, P.A.

Date: December 6, 2004

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