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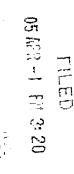
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. Brumbley APR 5 2005

TRANSMITTAL LETTER

TO: Registration Se Division of Co.			
CEILO	rafaccionale IIC		
SUBJECT: C.E.U. PI		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Leon	Aquino, RRT, CRC	
		Name of Person)	
	C.E.U.	Professionals, LLC	
	(Firm/Company)	·
	7000 S.W	V. 62 Avenue, Suite 201	
		(Address)	5
			7 7
		ni, Florida 33143 State and Zip Code)	R-1 PI
	(Oug/	State and Exp Code)	
For further information	concerning this matter, please	call:	FILED 71 3: 20
Leon Aquino, RRT, Ci	RC	at (786) 395-0828	 '
	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	₮ \$160.00 Filing Fee,
5 \$125.00 rung rec	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	DDRESS:
Regist	ration Section	Registration S	ection

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		pany is:
C.E.U. Professionals, I	LLC	
ARTICLE II - Add The mailing address		of the principal office of the Limited Liability Company
Principal Office Ad	dress:	Mailing Address:
7000 S.W. 62 Avenue		7000 S.W. 62 Avenue
Suite 201		Suite 201
Miami, Florida 33143	 	Mlami, Florida 33143
_	orida street address	of the registered agent are:
		Name - T
	7000 S.W. 6	2 Avenue, Suite 201
_	Florida s	street address (P.O. Box NOT acceptable)
	Miami, Florida	
		, State, and Zip
liability company registered agent and statutes relating to	at the place designa agree to act in this of the proper and comp	and to accept service of process for the above stated limite sted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
President	Leon Aquino, RRT, CRC	_
	7000 S.W. 62 Avenue, Suite 201	
	Miami, Florida 33143	_
Vice President	Naomi Aquino, CRTT	
	7000 S.W. 62 Avenue, Suite 201	
	Miami, Florida 33143	-
		-
		- -
	——————————————————————————————————————	05 APR
(Use attachment if necessary)		<u> </u>
NOTE: An additional article	must be added if an effective date is requested.	
REQUIRED SIGNATURE:	many)	ED Fil 3: 20
Signature of s/n	nember or an authorized representative of a member.	
of this document	vith section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)	
	Leon Aquino, RRT, CRC	
	Typed or printed name of signee	-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)