

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

From: Account Name : FILINGS, INC.
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LIMITED LIABILITY COMPANY

CMU INVESTMENT GROUP, L.L.C.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/04/21/05

#05000097138

**Articles of Organization
of
CMU Investment Group, L.L.C.**

The undersigned, as an authorized representative, hereby forms a limited liability company
under the laws of the State of Florida:

ARTICLE I. COMPANY NAME

The name of this Company is:

CMU Investment Group, L.L.C.

ARTICLE II. MAILING ADDRESS OF COMPANY

The mailing address of this Company is:

1211 Falcon Avenue
Miami Springs, FL 33166

ARTICLE III. STREET ADDRESS OF COMPANY

The street address of the principal office of the Company is:

1211 Falcon Avenue
Miami Springs, FL 33166

ARTICLE IV. REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the
State of Florida shall be:

Carlos Usallan
1211 Falcon Avenue
Miami Springs, FL 33166

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ARTICLE V. MANAGEMENT

This company is a Manager-Managed Company. The Company shall have 3 Managers, with each Manager able to act individually. The initial Managers of the Company are:

Carlos Usallan

Carlos Martinez

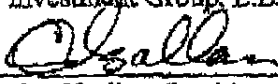
Marlene Usallan

Celida Martinez

IN WITNESS WHEREOF, the undersigned members have executed the foregoing Articles of Organization as of the 14th day of April, 2005.

Authorized Representative:
CMU Investment Group, L.L.C.

By:



Carlos Usallan, President

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TALLAHASSEE, FLORIDA

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**CERTIFICATE ACCEPTING DESIGNATION AS
AN AGENT UPON WHOM SERVICE OF PROCESS WITHIN
THIS STATE MAY BE SERVED**

The following is submitted pursuant to Sections 608.415 and 608.507 of the Florida Statutes:

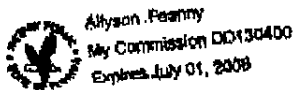
Having been appointed registered agent of CMU Investment Group, L.L.C., in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agrees to act in this capacity and affirms that it is familiar with, and accepts, the obligations of such position

By: *[Signature]*
Carlos Usallan, President

Date: 4/18/05

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS:

The foregoing instrument was acknowledged before me this 18 day of April, 2005
Carlos Usallan



[Signature]
Signature of Notary Public
State of Florida
Allyson Feanny
Print, Type or Stamp Commissioned
Name of Notary Public

Personally Known ☒ or Produced Identification _____

Type of Identification Produced _____

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