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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

C. L. & ASSOCIATES OF SUNSHINE STATE, LLC.

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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OF

C. L. & ASSOCIATES OF SUNSHINE STATE, LLC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

C. L. & ASSOCIATES OF SUNSHINE STATE, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**6850 CORAL WAY # 404
MIAMI, FL 33155**

The mailing address is:

**P.O. BOX 451821
MIAMI, FL 33145**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

JOSE C. LORO

6850 CORAL WAY # 404

Florida street address (P.O.BOX NOT acceptable)

MIAMI , FL 33155

City, State, and Zip

**BERRIZ & GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 495-9300**

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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, F.S..

FI

2005 JUN

SECRET
TALLAHAS



REGISTERED AGENT'S SIGNATURE

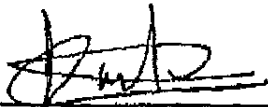
ARTICLE IV- MANAGEMENT

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

JOSE C. LORO
6850 CORAL WAY # 404
MIAMI, FL 33155

PRESIDENT

(An additional article must be added if an effective date is requested)



Signature of a member or an 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 herein are true.)

JOSE C. LORO

Typed or printed name of signee

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