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Florida Department of State  
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : 120000000268  
Phone : (305) 229-8256  
Fax Number : (305) 229-8252

**LIMITED LIABILITY COMPANY**

**C & C FUNDING GROUP LLC**

Certificate of Status	1
Certified Copy	0
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J. BRYAN AUG - 9 2005

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C & C FUNDING GROUP LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8822 W FLAGLER ST APT 1  
MIAMI, FL 33174

**Mailing Address:**

PO BOX 330032 MIAMI FL 33231-0032

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ROBINSON CHARRYS

Name

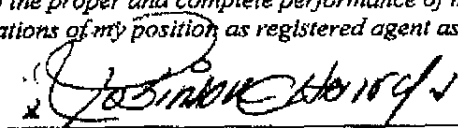
8822 W FLAGLER ST APT 1

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33174

City, State, and Zip

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMMAX CORZOPO BOX 330032MIAMI FL 33231-0032MGRROBINSON CHARRYS8822 W FLAGLER ST APT 1MIAMI, FL 33174

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
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.)

ROBINSON CHARRYS.

Typed or printed name of signee

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