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Florida Department of State
Division of Corporations
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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

M. HODGES

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

C & V FUNDING GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

C & V 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:8050 NW 8 ST APT 111 MIAMI, FL 33128**Mailing Address:**PO BOX 310032 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:

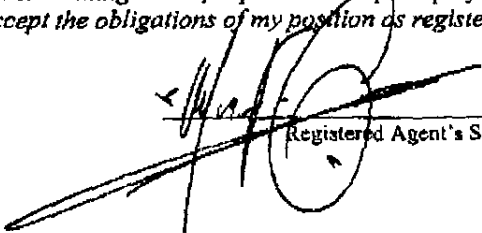
MAX CORZO

Name

8050 NW 8 ST APT 111Florida street address (P.O. Box **NOT** acceptable)MIAMI,FL33128

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:

MGRM

MAX CORZO

PO BOX 330032

MIAMI FL 33231-0032

MGR

CARLOS VELEZ

8050 NW 8 ST APT 111

MIAMI, FL 33126

(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.)

8/12/05 pl. V&E2
Typed or printed name of signee