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J. BRYAN APR 1 4 2006

CitiTrust Mortgage Company

April 7, 2006

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

To Whom It May Concern:

Attached you will find check #3077 in the amount of \$130.00 to cover for the filling fee and certificate of status for CTM Holdings, LLC. Also you will find the articles of organization and designation of registered agents.

Should you have any questions please call me at 305-801-5700.

Thank you.

Sincerely

rus O. Garcia

COVER LETTER

TO: Registration Sec Division of Corp	tion porations		
SUBJECT:	TM Hold (Name of Limite	d Liability Company)	- 65 PR
The enclosed Articles of (Organization and fee(s) are s	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
	Luis O.	CARCIA Name of Person)	
	Cititrust	Mortgase Firm/Company)	<u>Co.</u>
	4030 51		enue
		(Address)	
	Mam	i PC 331	75
	(City	/State and Zip Code)	
For further information co	oncerning this matter, please	call:	
Alex GA (Name o	RÚA f Person)	at (305) 223 (Area Code & Daytime Te	- 233 lephone Number)
Enclosed is a check for	the following amount:		
	<u>-</u>	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: 13970 SW 137 AVE MATTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Floridar egistration.) The name and the Florida street address of the registered agent are: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	ARTICLE I - Name: The name of the Limited Liability Company is:
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 13970 SW 137 Ave 13970 SW 18 Terrace Mailing Address: 13970 SW 18 Terrace 13970 SW 18 Te	(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: LUIS O. GARGA - CHTTWST More SASE Co. Name YO30 SW 127 AGENGE Properties of Process for the above stated limited	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Correct Control Name	Principal Office Address: Mailing Address:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: LUIS O. GARGA - CTTTWST MORTSASE CO. Name	4030 SW 127 Aug 13970 SW 18 Terrace Miami, EL 33175 Miami, EL 33175
Name 1030 SW 127 All NUL Florida street address (P.O. Box NOT acceptable) 1030 SW 127 All NUL Florida street address (P.O. Box NOT acceptable) 1030 SW 127 All NUL Florida street address (P.O. Box NOT acceptable) 1031 ST 3175 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 from as provided for in Chapter 608, F.S	(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) 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 (REQUIRED)	The name and the Florida street address of the registered agent are:
Florida street address (P.O. Box NOT acceptable) FL 3317 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 (REQUIRED)	Luis O. GARCIA - CitiTrust Morets Age Co.
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Page 1 of 2	(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Ma The name and address of each Man	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Luis O. Garcia 13970 Sw 18 Yungel Luixu, R 33175
MGRM	LUIS O. GARCIA F. 13970 SW 18 YELLOUS &
MGRM	Alexandra Garcia 13970 SW 18 remace Liqui, DL 33175
MGRM	Cabriel Garcia 13970 SW 18 Terrace Nious De 33175
MGRM	Christa GARLIA 13970 SW 18 terrace Lyon R 33175
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a memi	•
(In accordance with s of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)

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)

Page 2 of 2

Typed or printed name of signee