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COVER LETTER

TO: Registration				FILED
Division of C	orporations			2006 JUL 17 PM 2: 04
SUBJECT: C	APITAL CI	TY INV	ESTMENT	PINO PERTIES LA CIUNS TALLAHASSEE, FLORIDA
002001		of Limited Liabil		ALEAHASSEE, FLORIDA
The enclosed Articles	of Organization and fe	e(s) are submitted	d for filing.	
Please return all corres	spondence concerning	this matter to the	following:	
	,	STE WAR	- -T _	
		(Name of	Person)	
	CAPITAL C	ITY IVV	ESTIMENT mpany)	PROPERTIES, L.L.
~~~~	2489 N	UGGET	LANE	
		(Addn	ess)	
TALLAHASSEK, FL 32303 (City/State and Zip Code)				
		(City/State and	i Zip Code)	
For further information	concerning this matte	r niesse cali:		,
	_	-		
LEE STE	WART	at (<u>&</u>	<u>50 76</u>	b6-7168 time Telephone Number)
(Nam	e of Person)	([Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amo	ount:		
\$125.00 Filing Fee	\$130.00 Filing Certificate of State	tus Certif	55.00 Filing Fe fied Copy onal copy is enclos	Certificate of Status &
	Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive (Tallahassee, FL 3	on orations Center Circle

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2006 JUL 17 PM 2: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO TALLAHASSEE, FLORIDA ARTICLE I - Name: The name of the Limited Liability Company is: (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: 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: NUGGET Florida street address (P.O. Box NOT acceptable) TALLAHASSEE FL 32303 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 abligations of my position-as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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The name and address of each Manager	or Managing Member is as the west 1 7 77 2: U4
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: JALLAHASSEE, FLORIDA
MGRM	LER STEWART
	1.0. BOX 15621 TALLAMASSES, FL 32317-5621
MGRM	DANTEL AUGUSTYNIAK
• • • • • • • • • • • • • • • • • • • •	P.O. BOX 15621 TALLAHAGGE, FL 32317-5621
NA	
41/0	
MIT	WA
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be so	e of filing: (OPTIONAL) secific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	ll of
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)
	STEWART or printed name of signee

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)

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