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(Requestor's Name)

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(City/State/Zip/Phone #)

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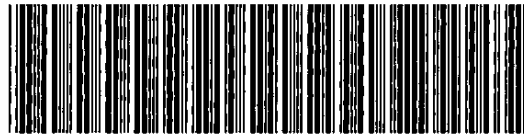
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICE OF
HERBERT B. DELL, P.A.
4801 SOUTH UNIVERSITY DRIVE, SUITE #103
FORT LAUDERDALE, FLORIDA 33328

TELEPHONE: (954) 434-0605
FACSIMILE: (954) 434-7845

July 11, 2006

Registration Section
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: C & C FINANCIAL GROUP, LLC

The enclosed Articles of Organization and fees are being submitted for filing.

Please return all correspondence concerning this matter to the following:

Herbert B. Dell, Esq.
HERBERT B. DELL, P.A.
4801 South University Drive, Suite 103
Fort Lauderdale, Florida 33328

For further information concerning this matter, please call: Herbert B. Dell, Esq. at (954) 434-0605.

Enclosed is a check for the following amount:

X \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee &	<input type="checkbox"/> \$155.00 Filing Fee &	<input type="checkbox"/> \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(Additional copy is enclosed)	Certified Copy
			(Additional copy is enclosed)

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608

ARTICLE I- NAME

The name of the Limited Liability Company is **C & C FINANCIAL GROUP, LLC**

ARTICLE II - ADDRESS

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

Principal Office Address:

3556 W. Broward Blvd.
Ft. Lauderdale, Florida 33312

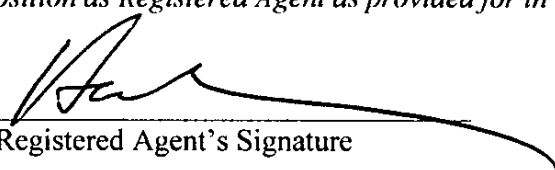
Mailing Address:

3556 W. Broward Blvd.
Ft. Lauderdale, Florida 33312

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

Herbert B. Dell
Herbert B. Dell, P.A.
4801 S. University Drive, Suite 103
Davie, Florida 33328

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

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TALLAHASSEE FLORIDA

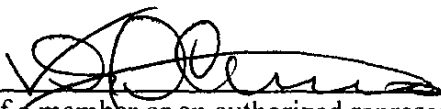
ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)

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

MGR Victor Carnero
7950 SW 30 Street, #202
Davie, Florida 33328

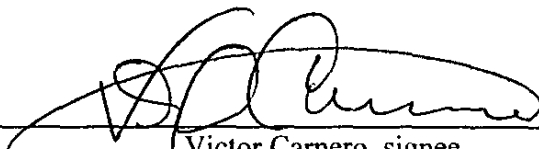
MGRM Clint Cartwright
3556 W. Broward Blvd.
Ft. Lauderdale, Florida 33312

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Victor Carnero, signee

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