Division of Corporations

000010 (http://skibi.org/scripts/efilcovr.cxe

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000266839 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

: (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305) 634-3694

Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CBM SUCCESS, LLC

0
1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
02
\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV - 3 2006





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

OF

CBM SUCCESS, LLC.

ARTICLE I Name:

The name of the Limited Liability Company is:

CBM SUCCESS, LLC.

ARTICLE II Address:

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

18851 NE 29th Avenue, Ste 900 Aventura, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida Street Address of the registered agent are:

Leonardo A. Roth, Esq. Roth, Rousso & Katsman, LLP. - 18851 NE 29th Avenue, Ste 900 - Aventura, FL 33180

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 set 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 Agents's Signature

ARTICLE IV Management: (Check hox if applicable)

x The Limited Liability Company is to be managed by the manager and the name and address of the manager is:

1. Nechama Amar: 18851 NE 29th Avenue, Ste 900, Aventura, FL 33180

(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)

Typed or printed name of signee

NON-05-5006