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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ALANSSEE FLORIDA

COVER LETTER

	egistration Section ivision of Corporations
SUBJEC	CELLINI 1236 LLC
505000	(Name of Limited Liability Company)
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	irn all correspondence concerning this matter to the following:
	DANIEL BOMAN (Name of Person)
	(Name of Person)
	AFFORDABLE NEW HOMES, INC. (Firm/Company)
	P.O. Box 398064 (Address)
	MIAMI BEACH, FL 33239 (City/State and Zip Code)
	(City/State and Zip Code)
For furthe	r information concerning this matter, please call:
DAN	(Name of Person) at (305) 323-08-91 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
]\$125.00	Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \text{\$\
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Liability Company, "Limited Liability Company,"	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
110 MERRICK WAY	P.O. Box 398064
110 MERRICK WAY SUITE 3B CORAL GABLES, FL 33/34	MIAMI BEACH
CORAL GABLES, FL 33/34	FL 33239
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.) The name and the Florida street address of the	~
Name	ASS 8
310 ARTHUR GOD	
Florida street ad MIAM BEACH,	dress (P.O. Box NOT acceptable) FL 33/40
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	CFM HOUSING CORP. P.O. BOX 143261 CORAL GABLES, FL 33114
MGR.	AFFORDABLE NEW HOMES, INC. P.O. BOX 398064 MIAMI BEACH FZ 33239
,	
I (se attachment if necessary)	
EV: Effective date, if other than ective date is listed, the date mus	the date of filing: (OPTIO of the specific and cannot be more than five business of
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document contains a secondary contains	

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):