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To:

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Fax Number : (850) 205-0383

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2007 MAR -8 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CPT RESOURCES, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CPT RESOURCES, LLC

(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:

C/O 11120 N. KENDALL DRIVE, #200
MIAMI, FL 33176

Mailing Address:

C/O 11120 N. KENDALL DRIVE, #200
MIAMI, FL 33176

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:

JIM PUENTE, CPA

Name

11120 N. KENDALL DRIVE, SUITE 200

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33176

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)

(CONTINUED)

Page 1 of 2

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

Name and Address:

"MGRM" = Managing Member

CHIRAG TEKCHAND

4616 NW 107th AVENUE, APT 2103

DOBAL, FL 33178

PIYA TEICHAND

4615 NW 107th AVENUE, APT 2103

DORAL, FL 33178

ARTICLE V: Effective date, if other than the date of filing:_____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

(In accordance with section 608.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHIRAG TEKCHAND

Typed or printed name of signee