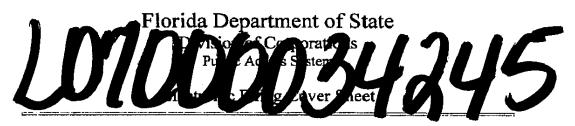
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20013000247 Phone : (800)494-3124 Fax Number : (305)675-2811

V CO

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

CP Investments, LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

CP Investments, LLC

### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company List.

661 SW 7th St. #1 Belle Glade FL 33430

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

The name and the Florida street address of the registered agent is:

Carol Paul 661 SW 7th St. #1 Belle Glade FL 33430

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's signature / Carol Paul

#### <u>ARTICLE IV MANAGEMENT</u>

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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## PAGE 2 CP Investments, LLC

### ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Joseph Joicin

Managing Member: 620 SW 4th St. #3

Belle Glade FL 33430

Guerline Dagrin

Managing Member: 661 SW 7th St. #1

Belle Glade FL 33430

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

(In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph Jolcin
Typed or printed name of signee

97 MAR 30 AM 9: 54
SECRETARY OF STATE
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