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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

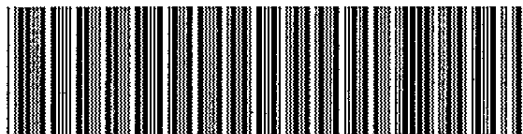
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **C.I.T. Group, LLC**

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Keith Pimental**

(Name of Person)

**C.I.T. Group, LLC**

(Firm/Company)

**P.O. Box 403103**

(Address)

**Miami Beach, FL 33140**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Keith Pimental**

(Name of Person)

at (305) **450-2106**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2007

KEITH PIMENTAL  
P.O. BOX 403103  
MIAMI BEACH, FL 33140

SUBJECT: C.I.T. GROUP, LLC  
Ref. Number: W07000019406

We have received your document for C.I.T. GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 907A00026965

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

C.I.T. Group, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

821 NW 108 Terrace

Pembroke Pines, FL 33026

**Mailing Address:**

821 NW 108 Terrace

Pembroke Pines, FL 33026

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jason Miller

Name

821 NW 108 Terrace

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

Pembroke Pines, FL 33026

FL 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

(CONTINUED)

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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jason Miller  
821 NW 108 Terrace  
Pembroke Pines, FL 33026

MGRM

Keith Pimental  
1828 Bay Rd Apt 15  
Miami Beach, FL 33139

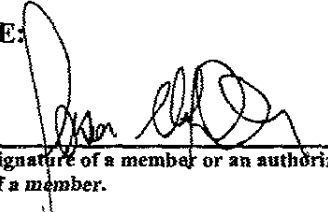
MGRM

Allan Clarke  
PO Box 011453  
Miami, FL 33101

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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

(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.)

Jason Miller  
Typed or printed name of signee

**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)

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TALLAHASSEE, FLORIDA

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