

LD 70600 99183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

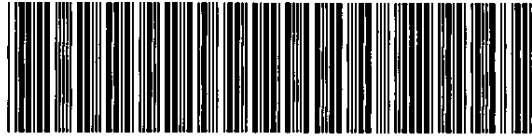
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CT

a Wolters Kluwer business

CT

1203 Governors Square Blvd
Tallahassee, FL 32301-2960

850 222 1092 tel

850 222 7615 fax

www.ctlegalsolutions.com

September 28, 2007

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
07 SEP 28 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 7037429 SO
Customer Reference 1: None Provided
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

CF Acquisition Company M/T, LLC (FL)
Formation
Florida

CF Acquisition Company M/T, LLC (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CF Acquisition Company M/T, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5900 North Andrews Ave., Suite 826

Ft. Lauderdale, FL 33309

Mailing Address:

5900 North Andrews Ave., Suite 826

Ft. Lauderdale, FL 33309

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:

Scott Abbott

Name

5900 North Andrews Ave., Suite 826

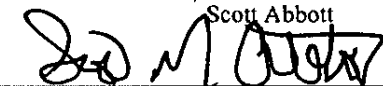
Florida street address (P.O. Box **NOT** acceptable)

Ft. Lauderdale FL 33309

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.

Scott Abbott



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

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

Borghese Investments, L.L.C.

5900 North Andrews Ave., Suite 826

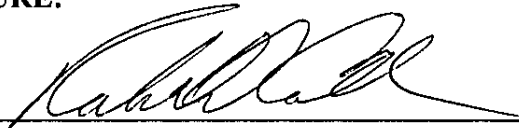
Ft. Lauderdale, FL 33309

(Use attachment if necessary)

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

Robert D. Collins

Typed or printed name of signer

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)