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SECRETARY OF STATE SALLAHASSEE, FLORIDA

M. THOMAS

MAR - 9 2009

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations	
SUBJECT:	COMMUNITY (Name of Limit	PETROLEUM, LLC. ed Liability Company)
The enclosed Article	s of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this matt	er to the following:
	HENRI HA	GE (Name of Person)
	STRUC-TECH	H CONSTRUCTION, CO.
	801 W. M.	CNAB RD.
Ţ		(Address)
<u> </u>	OMPANO	BEACH, FLORIDA 3306 G
For further information	on concerning this matter, please	call:
HENG	RI HAGE me of Person)	at (954) 783-4-600 (Area Code & Daytime Telephone Number) (954) 214-4842
Enclosed is a check	for the following amount:	(954) d14-404a
_	-	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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:
COMMUNITY PETROLEUM, 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: Mailing Address:
BOIW. MCNABRD. BOIW. MCNABRD. POMPANO BEACH, POMPANO BEACH, FLORIDA 33060 FLORIDA 33060
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.)
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: HENRI HAGE Name
BOI W. MCNAB RO. Florida street address (P.O. Box NOT acceptable) POMPANO FL 33060 BELL City, State, and Zip
Having been named as registered agent and to accent service of process for the above stated limited

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..

Regintered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRN (Use attachment if necessary) (OPTIONAL (If an effective date is listed, the date must be specific and cannot be more than five business days

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

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)