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EXAMMER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:		ESTMENTS, LLC	
	Name of Limited L	iability Company	
The enclosed Articles of	Organization and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	RINA	A BABUINI	
		ne of Person	
	CARLINVE	STMENTS, LLC	
-		m/Company	
	8689 BOCA	LAKES, UNIT 21	
		Address	
	BOCA RATO	N, FLORIDA 33433	7. 2
		te and Zip Code	TECC 1890
	E-mail address: (to be used for fu	NI@ME.COM ture annual report notification)	- E
For further information concerning this matter, please call:			RY OF SSEE.
	BABUINI at of Person	(561) 901-8998 Area Code & Daytime Telephone Numb	
Enclosed is a check fo	r the following amount:		
_	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & I Copy I 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

CARI INVESTM (Must end with the words "Limited Li	MENTS, LLC. ability 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:			
8689 BOCA DRIVE UNIT 21	8689 BOCA DRIVE UNIT 21			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:			
	BABUINI PLANTED TO THE PLANTED TO TH			
8689 BOCA DRIVE, UNIT 21				
·	O. Box NOT acceptable)			
BOCA RATON 3343 City, State				
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and performance as provided for in Chapter 608 F.S.			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RINA BABUINI 8689 BOCA DRIVE, UNIT 21 BOCA RATON, FLORIDA 33433
	Z009 DEC
(Use attachment if necessary)	AFEC 21
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mut to or 90 days after the date of filing.)	n the date of filing:DECEMBER 2009 (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	₩ —
Rung Ro Signature of a me	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
	RINA BABUINI 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)