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COVER LETTER

Division of Corporations
SUBJECT: Commercial & Investment Network of S FL, 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:
Paul Hartz Name of Person
Commercial & Investment Network of S FL, LLC.
Firm/Company
11860 NW 37th Street Address
Sunrise, FL 33323 City/State and Zip Code
paulhartzfinance@vahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Paul Hartz at (561) 768-1891 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

TO:

Registration Section

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	:			
Commercial & Investment Network of S F (Must end with the words		ability Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal offic	e of the Limited Liability (Company is:	
Principal Office Address:		Mailing Address:		
11860 NW 37th St. Sunrise, FL 33323		11860 NW 37th St. Sun	ırise, FL 33323	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida The name and the Florida street address of the Paul Hartz	as its own Re registration.)	gistered Agent. You must o	designate an individual or	21,400,430
44000 1/144 07/1 04	TAITIC		APR -	
<u>11860 NW 37th St</u> Florida street address	(P.O. Box N	OT acceptable)	- Sec. >	1
Sunrise		FL 33323		
City		Zip	D: I	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept the provisions of a cept the obliga Chapter	e appointment as registered all statutes relating to the pi ations of my position as reg 605, F.S.	d agent and agree to act in th roper and complete performe	his ance
(C	CONTINUED))		

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Devil Heate
AMBR	Paul Hartz 11680 NW 37th Street
	Sunrise, FL 33323
MGR	Raisa O'Connor
	11860 NW 37th Street
	Sunrise, FL 33323
	-,+,
ective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the	e specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the certive date is listed, the date must be filling.) E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
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