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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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B. McKnight MAY 1 5 2006

COVER LETTER

	ion Section of Corporations		
SURJECT: C. I	D. H. Property and Invest	ments L. L. C.	
		d Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are s	ubmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
Philip G	Sojlewicz		
		Name of Person)	
		Firm/Company)	
116 CI		, and company	
110 Cl	ayton Ave	(Address)	
		(And but)	
Celebra	ation, FL 34747		
	(City	/State and Zip Code)	
For further informs	ation concerning this matter, please	call:	
Philip Gojlew	icz	at (407) 319 - 21	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a che	ck for the following amount:		
▼ \$125.00 Filing	Fee \$\int \\$130.00 \text{ 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
C.D. H. Dromovity and invocators and J. J. C.		
C. D. H. Property and Investments L. L. C.		 -
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
116 Clayton Ave	Same	
Celebration, FL 34747	X	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	1- 18 W 90
Philip Gojlewicz	_	7 7 A
Name		
116 Clayton Ave		SI SIMILE 12
Florida street	address (P.O. Box NOT acceptable)	<u> </u>
Celebration	FL 34747	72
City, Sta	ite, and Zip	
Having been named as registered agent and	to accept service of process for the above	ve 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..

Registered 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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	τ
MGR	Kisha Thomas
	504 Golfpark Drive
	Celebration, FL 34747
MGR	Philip Gojlewicz
	116 Clayton Ave
	Celebration, FL 34747
Use attachment if necessary)	
• •	1 1 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
LE V: Effective date, if other that	· · · · · · · · · · · · · · · · · · ·
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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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