

**L03000029557**

Florida Department of State  
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**LIMITED LIABILITY COMPANY**

CDC/BD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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## ARTICLES OF ORGANIZATION

OF

CDC/BD, LLC

Pursuant to Section 608.407 of the Florida Statutes, the undersigned hereby files these Articles of Organization as follows:

### ARTICLE I - NAME

The name of the Limited Liability Company is CDC/BD, LLC.

### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 355 Alhambra Circle, Suite 900, Coral Gables, Florida 33134.

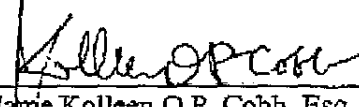
### ARTICLE III - INITIAL REGISTERED AGENT

The street address of the initial Registered Office of this Company in the State of Florida shall be c/o Codina Group, 355 Alhambra Circle, Suite 900, Coral Gables, Florida 33134. The name of the initial Registered Agent of this Company at the above address shall be Kolleen O.P. Cobb, Esq.

### ARTICLE IV - DURATION

The period of duration for the Limited Liability Company is perpetual.

IN WITNESS WHEREOF, the undersigned authorized representative has hereunto set his hand and seal this 8<sup>th</sup> day of August, 2003.

  
Name Kolleen O.P. Cobb, Esq.  
Title: Authorized Agent


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SUBMITTANT TO STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE DESIGNATING REGISTERED AGENT  
AND REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement in designating the registered office/registered agent:

CDC/BD, LLC, desiring to organize as a limited liability company under the laws of the State of Florida has designated Codina Group, 355 Alhambra Circle, Suite 900, Coral Gables, Florida 33134 as registered office and named Kolleen O.P. Cobb, Esq. as the initial registered agent.

By:   
Kolleen O.P. Cobb, Esq., Authorized Agent

Having been named Registered Agent for the above stated limited liability company, at the designated Registered Office, the undersigned hereby accepts said appointment and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the obligations of the undersigned's position as registered agent as provided for in Section 608.415, Florida Statutes.

By:   
Kolleen O.P. Cobb, Esq., Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED