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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FL (R111)

LIMITED LIABILITY COMPANY
CDM PROPERTIES LLC.

Certificate of Status	0
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Page Count	02
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DIVISION OF CORPORATION

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Handwritten signature/initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

CDM PROPERTIES LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

109 CYPRESS LANE
ROYAL PALM BEACH, FL 33411

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVID REYES

Name

109 CYPRESS LANE

Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH, FL 33411

City, State, and Zip

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 register 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, Therefore, a manager – managed company.

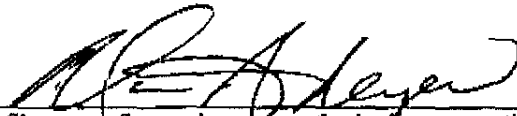


Signature of a member or an authorized representative of a member.

(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.)

DAVID F. REYES

Typed or printed name of signee



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.)

MARIA B. REYES

Typed or printed name of signee

03 DEC 10 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED