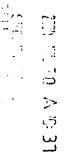
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TRANSMITTAL LETTER

Department of State of Florida Division of Corporations - Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: VENTURE CDY, LLC

Enclosed is one (1) original and one (1) copy of the Articles of Organization and a check for (please check those that apply):

	Fee)		्र प
Other Fee \$		Description	
Other Fee \$	•	Description	

FROM:

Deborah Yeeke & Carol Young

15282 SW 69 Terrace Miami, FL 33193

TRANSMITTAL LETTER

SUBJEC	
	(Name of Limited Liability Company)
The encl	osed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Deborah Yeekee& Carol Young
	(Name of Person)
	(Firm/Company)
	15282 SW 69 TERRACE
_	(Address)
	MIAMI, Florida 33193
	(City/State and Zip Code)
For furth	er information concerning this matter, please call:
Debo	rah Yeekee Carol Young at (954) 204 9693 937-1953
	(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
VENTURE CDY, LLC	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
15282 SW 69 TERRACE	15282 SW 69 TERRACE
MIAMI, FLORIDA 33193	MIAMI, FLORIDA 33193
ARTICLE III - Registered Agent, Registere The name and the Florida street address of the CAROL A. YO Name 15282 SW 69 TEI Florida street address (P.	registered agent are:
MIAMI City, State,	FLORIDA 33193 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 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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM CAROL A. YOUNG 15282 SW 69 TERRACE

MGRM

DEBORAH YEEKE

15282 SW 69 TERRACE

MIAMI, FLORIDA 33193

MIAMI, FLORIDA 33193

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

CAROL A. YOUNG

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)