

L040000 74845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

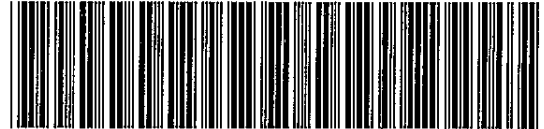
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04 OCT 15 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 OCT 15 AM 10:51

REGISTRATION
TALLAHASSEE, FLORIDA

Charter Number Only

FILED
04 OCT 15 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VALIDATION ONLY

Dunkley & Associates

Requestor's Name

Address

City

State

ZIP

Phone

CORPORATION(S) NAME

CDT Housing, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

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Acknowledgment

WP Verifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
04 OCT 11 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CDT Housing, LLC.

ARTICLE II - Address:

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

Principal Office Address:

16300 NE 19th AVE
#221
NORTH MIAMI BEACH, FL 33162

Mailing Address:

same

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

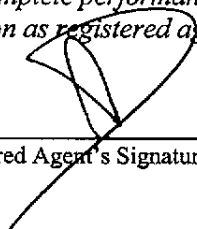
The name and the Florida street address of the registered agent are:

LINDSAY DUNKLEY
Name

16300 NE 19th AVE
Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH FL 33162
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 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

(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

Name and Address:

mGR

William Tamminga
16300 NE 19th AVE
NORTH miami Beach, FL. 33162

mGR

Angel Duke
16300 N.E. 19th AVE
NORTH miami Beach, FL. 33162

mGR

Luis Calvette
16300 NE. 19th AVE
NORTH miami Beach, FL. 33162

mGR

MARILISA CARDENAS
16300 N.E. 19th AVE
NORTH miami Beach, FL. 33162

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Sergio Cardenas
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.)

Sergio CARDENAS
Typed or printed name of signee

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)**

Article IV - managers -

Title:

Name and Address:

MGR

Sergio CARDENAS
16300 NE 19th AVE
North miami Beach, Fl. 33162