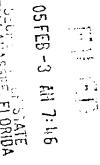
# L0500011386

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	3/K	-







Office Use Only



200045698672



DRPORATION SERVICE COMPANY.

ACCOUNT NO. : 072100000	032	
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REFERENCE: 182972

AUTHORIZATION :

SER SERVING

COST LIMIT : \$ 130.00

ORDER DATE: February 3, 2005

ORDER TIME : 11:58 AM

ORDER NO. : 182972-005

CUSTOMER NO: 5490A

CUSTOMER: Ms. Kathleen Kennedy

Mastriana & Christiansen

Suite 200

1500 North Federal Highway Fort Lauderdale, FL 33304

#### DOMESTIC FILING

NAME:

CGD, LLC

#### EFFECTIVE DATE:

	ARTICLES	OF	INC	CORPORAT	ION	
	CERTIFICA	ATE	OF	LIMITED	PARTNEI	RSHIP
XX	ARTICLES	OF	ORG	GANIZATI	ON	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	The state of the s
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
1500 North Federal Highway	1500 North Federal Highway
Suite 200	Suite 200
Fort Lauderdale, Florida 33304	Fort Lauderdale, Florida 33304
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	
	egistered agent are:
The name and the Florida street address of the r	egistered agent are:
The name and the Florida street address of the r  F. Ronald Mastriana,  Name  c/o Mastriana & Chri	egistered agent are:
The name and the Florida street address of the r  F. Ronald Mastriana,  Name  c/o Mastriana & Chri	ESQ  Stiansen, PA , 1500 North Federal H D. Box NOT acceptable) Suite 200  FLORIDA 33304

Page 1 of 2 (CONTINUED)

VRegistered Agent's Signature

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member					
MGRM	F. Ronald Mastriana				
	1500 North Federal Highway. Suite 200				
	Ft. Lauderdale, F1 33304				
<del></del>	<del></del>				
(Use attachment if necessary)					
NOTE: An additional acticle must	be added if an effective date is requested.				
// a (					
REQUIRED SIGNATURE:	regard—				
Signature of a member or a	n authorized representative of a member.				
(In accordance with section of this document constitutes that the facts stated herein ar	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)				
By: F. Ronald Mastr	<del></del>				
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)