Division of Corporations Public Access System

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To:

Division of Corporations

fax Number : (850)205-0383

Account Name : WINDERWEEDLE, MAINES, WARD & WOODMAN, P.A.

Phon**e**

Account Number: 076077002775 = (407)246-8*6*92

Fax Number

..: (407) 423-7014

LIMITED LIABILITY COMPANY

COLINA BAY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Comporate Filing

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ARTICLES OF ORGANIZATION OF COLINA BAY, LLC

ARTICLE I - NAME

The name of the limited liability company is COLINA BAY, LLC, ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

7512 Dr. Phillips Blvd. Suite 50-513 Orlando, Florida 32819 Mailing Address:

7512 Dr. Phillips Blvd. Suite 50-513 Orlando, Florida 32819

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

CRAIG A. MINEGAR
250 Park Avenue South, 5th Floor
Winter Park, Florida 32789

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 auties, and Lam familiar with and accept the obligations of my position as registered agent at provided for in Chapter 608, F.S.

CRAIG A. MINEGA

(CONTINUED)

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ARTICLE IV - MANAGING MEMBERS

The name, address and ownership percentage of each Managing Member is as follows:

<u>Title</u>:
"MGR" = Manager

"MGMR" = Managing Member

Name, Address, and Ownership Percentage:

MGMR

DT Do It Corp., an Ontario corporation

160 Eglinton Avenue, East Suite 500

Toronto, Ontario Canada M4P, 3B5 Fifty Fercent (50%)

MGMR

Vista Realty Group, Inc., a Florida corporation 8958 Bay Cove Ct. Orlando, Florida 32819 Fifty Percent (50%)

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.)

Craig A. Minegar Typed or printed name of signer

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