## LWWW XJ3X

MV. Bill Grandwald (Requestor's Name)		
Advertising & Dosign Sys. Inc.		
500 Brickell Avu, St. 1100 (Address)		
Miami Fl 33131-2944 (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
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Office Use Only



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SECRETARE OF STATE ALLAHAS SEE FLORID

ETTECTIVE DATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company is.	
CDC-USA, LLC	
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 Brickell Ave	same
Suite #1100	
Miami, FL 33131	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
William Grenewald	
Name	gistered agent are:  ALLAHASS
800 Brickell Ave., Suite	#1100 Programme
Florida street addr	ess (P.O. Box NOT acceptable)
Miami	#1100 ess (P.O. Box NOT acceptable)  FL 33131  175
City, State, an	d 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 Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Name and Address:
Jose Javier Sanjuanbenito
110 1st San Mariono Terrace
Miami Beach, FL 33139
Esther Jackson
800 Brickell Ave, Suite #1100
Maimi, FL 33131

ARTICLE V: Effective date, if other than the date of filing: August 15, 2006 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

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

(In accordance with acction 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.)

Javier Sanjuanbenito, Managing Member

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)

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SECRETARY OF STATE
TALL AHASSEE FLORIDA