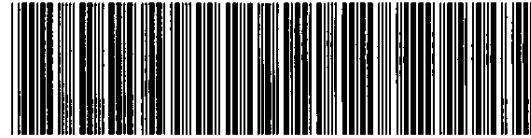


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08/05/10--01011--022 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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10 AUG 16 AM 10:19
TALLAHASSEE FLORIDA
SECRETARY OF STATE

S. HAWKES
AUG 6 - 2010
EXAMINER

~~L10 31972~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2010

CARL HUNTER
2239 WHISPERING PINES DR APT B
TAMPA, FL 33604

SUBJECT: CDH GLOBAL VENTURES, LLC
Ref. Number: W10000036992

We have received your document for CDH GLOBAL VENTURES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 110A00018973

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
AUG 16 AM 10:19
CLERK OF STATE
TAMPA, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CDH Global Ventures, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2239 Whispering Pine Dr

2239 Whispering Pine Dr

Tampa FL 33604

Tampa FL 33604

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Carl D Hunter

Name

2239 Whispering Pine Dr

Florida street address (P.O. Box NOT acceptable)

Tampa FL 33604

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..

Carl D Hunter

Registered Agent's 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carl D Hunter

2239 Whispering Pine Dr

Tampa, FL 33604

MGRM

Angela Austin

2239 Whispering Pine Dr

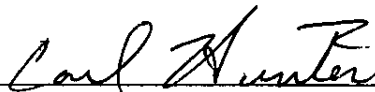
Tampa, FL 33604

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 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.)

Carl D Hunter

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 16 AM 10:19
FILED

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)