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D. BRUCE

JAN 3 0 2012

EXAMINER

COVER LETTER

TO: Registration of	on Section f Corporations	٠	
SUBJECT: CDI	DY LLC		
	Name of Limited Liability Company		
The enclosed Article	es of Organization and fee(s) are submitted for filing.		
Please return all corr	respondence concerning this matter to the following:		
Dunsor	ng Yang & Cuizhang Du	_	
	Name of Person		
CDDY	LLC		
	Firm/Company	-	
9918 C	helsea Lake Road	_	
	Address		
Jackson	ville, FL 32256	_	
	City/State and Zip Code		
ivmt@aol			
	E-mail address: (to be used for future annual report notification)		
For further informati	on concerning this matter, please call:	ু ম	
Dunsong Yang	at (904) 8667978	JAN 2	
Nar	me of Person Area Code & Daytime Telephone Number) Yes	
Enclosed is a check	for the following amount:	PHE	
\$125.00 Filing Fee	✓\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	PH 4: 49	
	Mailing Address Street/Courier Address Registration Section Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I -	Name:
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The name of the Limited Liability Company is:

CDDY 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:

12443 San Jose BLVD, Suite 602

Jacksonville, FL 322323

12443 San Jose BLVD, Suite 602 Jacksonville, FL 32223

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 anotherbusiness entity with an active Florida registration.)

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

Theresa Marie Kenney

Name

4348 Southpoint Blvd. Suite 101

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

Jacksonville

FL 32216 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 (REQUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGR	Cuizhang DU 9918 Chelsea Lake Road
	Jacksonville, FL 32256
MGRM	Dunsong Yang 9918 Chelsea Lake Road
	Jacksonville, FL 32216
(Use attachment if necessa	v)
to or 90 days after the date of filin	
<u>REQUIRED</u> SIGNATUR	E:
	H.
Signature	of a member or an authorized representative of a member.
constitutes an affir I am aware that an	section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. False information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
	Typed or printed name of signee
Filing Fees:	cles of Organization and Designation
\$125.00 Filing Fee for Arti of Registered Age	cles of Organization and Designation
\$ 30.00 Certified Copy (O	otional)
\$ 5.00 Certificate of State	
	Page 2 of 2