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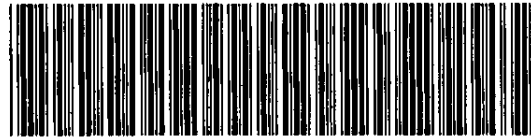
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T. SCOTT



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APPROVED
AND
FILED
17 JAN 20 AM 8:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

WASKOM BROWN

ACCOUNTANTS

& Associates, LLC

DAVID A. WASKOM

NETTIE BROWN

816 UNIVERSITY PKWY

NATCHITOCHE, LA

71457

PHONE 318 357-1520

FAX 318 357-1535

January 13, 2017

FL Secretary of State
New Filing Section / Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: CBMC, L.L.C.

564 HWY. 171 BYPASS

MANY, LA

71449

PHONE 318 256-6287

FAX 318 256-6290

To Whom It May Concern:

I enclose herewith for filing the original set of Articles of Organization and Initial Report of CBMC, L.L.C. Please file these in your corporate records and return to us the acknowledgement.

Also enclosed is a check for \$155.00 to cover the filing fees involved. Please send us a notice for any additional charges. If there are any questions, please contact me at the above address.

3200 MONROE HWY.

SUITE 108

PINEVILLE, LA

71360

PHONE 318 640-0248

FAX 318 640 7196

Sincerely,



Donna K. Baker

200 N. CHURCH ST

WINNFIELD, LA

71483

PHONE 318 628-3944

FAX 318 628-3946

DKB/dkb
Enclosures

WEBSITE

www.waskombrown.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CBMC, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA BAKER
Name of Person

WASKOM BROWN & ASSOCIATES, LLC
Firm/Company

816 UNIVERSITY PKWY, STE A
Address

NATCHITOCHE, LA 71457
City/State and Zip Code

SChellew@advancedoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Baker 318 357-1520
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CBMC, L.L.C.

(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:

156 Via Largo
Santa Rosa Beach, FL 32459

156 Via Largo
Santa Rosa Beach, FL 32459

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:

Steve C. Chellew
Name

156 Via Largo
Florida street address (P.O. Box **NOT** acceptable)

Santa Rosa Beach FL 32459
City State 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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Steve C. Chellew

156 Via Largo

Santa Rosa Beach, FL 32459

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Steve C. Chellew

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)