Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000047441 3)))



H200000474413ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. CMC FAMILY GROUP LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 11 AM 8: 37

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMC FAMILY GROUP LLC.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
23013 SW. 112 Ct. MiAMi		
FL. 33170.		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)		
CARLOS A MENDEZ JR.		
•		
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) CARLOS A. MENDEZ JR (AMBR), CARLOS Alberto MENDEZ (AMBR)		

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member of this document of the constitutes an affirmation under the penalties of perjury that the facts stated he rein are tribe of a management of state of the member of th

Typed or printed name of signee

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: s provided for

in/Zhapter 605, F.S..

Registered Agent's Signature (REQUIRED)