

# L21000348558

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

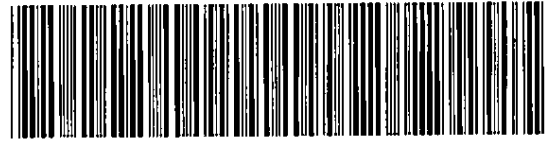
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300369556873

08/03/21--01001--008 \*\*125.00

TALLAHASSEE, FL  
STATE

2021 AUG -2 PM 3:50

RECEIVED

STATE  
TALLAHASSEE, FL

2021 AUG -2 AM 10:02

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

**Corporation Name & Document Number, (if known):**

1.      CMC 161, LLC  
          (Business Name)

Document #

     Walk in

     Pick up time     

     Mail out

     Will wait

     Photocopy

     Certified Copy of ARTICLES OF ORGANIZATION

     Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
   X Limited Liability  
     Domestication  
     Other  
     **CORP**

**AMMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Merger  
     **Conversion**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTIL ( )      Other  
    
                            Country

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement

**EXAMINER'S INITIALS:**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** CMC 161, LLC  
\_\_\_\_\_ 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:

Keith Diamond  
\_\_\_\_\_  
Name of Person

Keith D.Diamond, P.A.  
\_\_\_\_\_  
Firm/Company

3440 Hollywood Blvd, Suite 415  
\_\_\_\_\_  
Address

Hollywood, Florida 33021  
\_\_\_\_\_  
City/State and Zip Code

keithdiamond2@aolc.om  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Diamond                      954                      415-1966  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2021 AUG -2 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMC 161, LLC.

(Must contain 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:

701 WATERFORD WAY#490  
Miami, Florida 33126

701 WATERFORD WAY#490  
Miami, Florida 33126

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:

Keith D. Diamond, P.A.

Name

3440 Hollywood Blvd, Suite 415

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

Hollywood

Florida

33021

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

CMC HOLDING GROUP, LLC \_\_\_\_\_

701 Waterford Way, #490 \_\_\_\_\_

Miami, Florida 33126 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

STATE  
FALLING  
FL

2021 AUG -2 AM 10:02

30

**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.

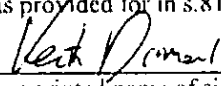
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.



\_\_\_\_\_  
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)