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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: CDO37 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:
KATRINA WALTON Name of Person
KATRINA WALTON + ASSOCIATES Firm/Company
1550 S. JEFFERSON ST
Address
MONTICETIO FL 32344
MONTICE 110 FL 32344 City/State and Zip Code KWALTON @ CENTURYLINK · NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATRINA WALTON at 850 510-9512 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
CD037, LLC	
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	imited Liability Company is:
Principal Office Address:	Mailing Address:
MONTICETO FZ 32344	BAME
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	l Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	. 1

KATRINA WALTON

Name

1550 S. JEFFERSON ST.

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

MONTICE/O FZ 32344

City State 7ip

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 against as provided for in Chapter 605, F.S...

(REQUIRED)

(CONTINUED)

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ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager METR WATTON 1550 S. JEFFERSON SI MONTICE IN FIL 3.234 4 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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

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.

FOR PURPOSES OF REVENSE 1031 - KETAN

REQUIRED SIGNATURE:

the date of filing.)

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.

KATRINA WALTON

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)

S 5.00 Certificate of Status (Optional)