

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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HALBOB.

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953

ORDER FORM

To. Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com

850.656.7956

_REQUEST_DATE	08/19/2025

PRIORITY Routine

OUR REF_#_(Order_ID#__ DEVON

KEQUESI_DATE	08/19/2025		OON,REF_#_(OIGE)
ORDER ENTITY			
CMA Holdings S			
PLEASE PERFORM	THE FOLLOWING	SERVICES:	
CMA Holdings SE	L.P.		
File the attached o	qualification filing a	nd provide a certified copy and c	ertificate of status.
NOTES:			ه اور حید در این این ا
\$1,061.25 Author			
RETURN/FORWAR ACCOUNT NUMBER:		ONS:	<u> </u>

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tallahassee, FL 32314

COVER LETTER

TO:		on Section of Corporations				
SUBJ	ECT:	CMA Holdings SE L.P.				
		Name of Foreign Limited Partn	ership or Limited	Liability	Limited Partnership	
partne	rship to trans	cation, certificate of status and fe- act business in Florida. rrespondence concerning this ma-		o register	a foreign limited partnership or l	imited liability limited
	Alan W. Ba	anspach		_	·	
		Contact Person				
	Law Office	s of Alan Banspach				
		Firm/Company		_		
	8191 Colle	ge Parkway, Suite 304				
		Address	-			
	Fort Myors	Florida 33919				
	i_uit wyers	City, State and Zip Code		_		
E-m	abanspach ail address: (n@comcast.net to be used for future annual repor	t notification)			
For fu	rther informa	ition concerning this matter, pleas	se call:			
	Alan Bans	pach, Esq.	at (239) 4	82-1774	
	Name of	Contact Person	Area Code a	ınd Dayti	me Telephone Number	
Enclos	sed is a check	for the following amount:				
(\$	000.00 Filing 965 Filing Fo 5 Registered c)	e and and Certificate of	S1,052.50 Fil and Certified		△\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status	
	Mailing A	<u>.ddress:</u>		Street /	Address:	
Registration Section			Registration Section			
		of Corporations			on of Corporations	
	P.O. Box	x 6327		The C	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of Limited Partnership or Limited Pacceptable Limited Partnership suffixes: Limited Pacceptable Limited Liability Limited Partnership suffixed Partner	Partnership, Limited, L.	P., LP, or Ltd.	
If name unavailable, name under which the limited business i	i partnership or limited n Florida; must contain	l liability limited partnership prop	loses to register to transact
2 Delaware	3	July 2, 2007	
State or Country of Formation		Date of Formation	
4. Federal Employer Identification Number: 2	6-3840997		
5. Name of Registered Agent for Service of Proce		Address:	
Alan W. Banspach			
8191 College Parkway Suite 304			
			
Fort Myers, Florida 33919	_		
 I hereby accept the appointment as registered ag of all statutes relative to the proper and complete my position as registered agent. 	gent and agree to act in e pe rformante of my di ULN W. BU	uties, and I am familiar with and	comply with the provisions accept the obligations of
	Signature of Register	ed Agent	
7. Principal Office:	8. Mailing	Address:	
8191 College Parkway, Suite 304		College Parkway, Suite 304	
		vers, Florida 33919	25 25
			19
9. If limited partnership is a limited liability limit			270
10. Name, principal office address, and mailing		al partner:	œ · ·
Name of General Partner: CMA Property Devel	opment, Inc. Nam	ne of General Partner:	<u> </u>
Street Address: 4140 14th Stroot North	Stree	et Address:	<u> </u>
St. Petersburg, Florida 3370	3		
Mailing Address: 4140 14th Street North	Mail	ing Address:	
St. Petersburg, Florida 3370	3		
Name of General Partner:	Nam	ne of General Partner:	
Street Address:	Street	et Address:	

Filing Fees:

Certifled Copy (optional):

Certificate of Status (optional):

Page 1 of 2

Name of General Partner:	Name of General Partner:			
Street Address:	Street Address:			
Mailing Address:	Mailing Address:			
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days af Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's rece	fter the date this document is filed by the Florida Department of State.) eplicable statutory filing requirements, this date will not be listed as the ords.			
12. Attached is a certificate of existence duly authenticated Florida Department of State, by the Secretary of State or of the law of which it is organized.	, not more than 90 days prior to the delivery of this application to the her official having custody of the entity's records in the jurisdiction under			
Signed this 15 day of August	20 25			
CMA PROPERTINDENELOPMENT, INC.				
89	alan W. Banspach			
Sign	ature of a general partner			
The individual signing this document affirms that the facts submitted in a document to the Department of State constit	stated herein are true and the individual is aware that false information utes a third degree felony as provided for in s.817.155, F.S.			

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\$52.50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "CMA HOLDINGS SE L.P." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMA HOLDINGS SE L.P." WAS FORMED ON THE SECOND DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204488311

C. G. Sanchez

Date: 08-15-25