

102000034419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

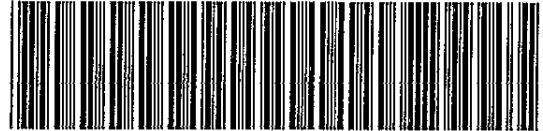
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500009585665

12/20/02--F01067--010 **155.00

FILED
02 DEC 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/23
V8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
CM & K Benefits, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company
9744 NW 57th Terrace
Miami, FL. 33178-2669

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Carmen Beauchamp

Name

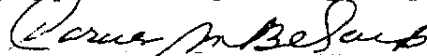
9744 NW 57th Terrace

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

Miami, FL. 33178-2669 FL

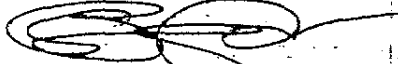
City, State, and Zip

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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



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

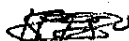
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gerardo L. Beauchamp

Typed or printed name of signee

Filing Fees:

- ☒ \$100.00 Filing Fee for Articles of Organization
- ☒ \$ 25.00 Designation of Registered Agent
- ☒ \$ 30.00 Certified Copy (Optional)
- ☐ \$ 5.00 Certificate of Status (Optional)


\$455

FILED
02 DEC 20 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA