

L05000122929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Availability

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Exemption

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Value

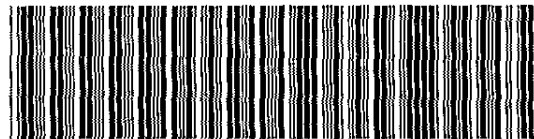
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2005 DEC 28 P 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

W050000 51734

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGLM 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:

Elizabeth Capozzi

(Name of Person)

CGLM LLC

(Firm/Company)

13820 Roanoke St.

(Address)

Davie FL 33325

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Capozzi

(Name of Person)

at (954) 474-0145

(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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC 28 2:17 PM

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 18, 2005

ELIZABETH CAPOZZI
CGLM LLC
13820 ROANOKE ST
DAVIE, FL 33325

SUBJECT: CGLM LLC
Ref. Number: W05000051734

We have received your document for CGLM LLC and your check(s) totaling \$260.00. However, the document has not been filed and is being retained in this office for the following:

We are returning the attached check because it is for the wrong amount. Please exchange this check for one in the amount of \$155.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 505A00068375

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGLM LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13820 Roanoke St.
Davie, Fl. 33325

Mailing Address:

Same

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:

Marlene Ronis

Name

1021 Mockingbird Ln. #111

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

Plantation, Fl. 33324

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 (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Elizabeth Capozzi

13820 Roanoke St.

Davie, Fl. 33325

MGRM

Marlene Ronis

1021 Mockingbird Ln. #111

Plantation, Fl. 33324

MGRM

Gail Wheaton

555 Abbingdon Way

Davie, Fl. 33325

MGRM

Christie Michaelides

4405 SW 25 Ter.

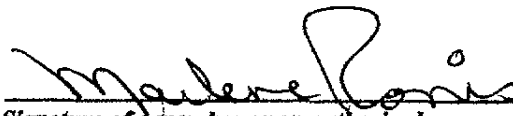
Ft. Lauderdale, Fl. 33312

(Use attachment if necessary)

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.)

REQUIRED SIGNATURE:



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.)

Marlene Ronis

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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