

LO6000015540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

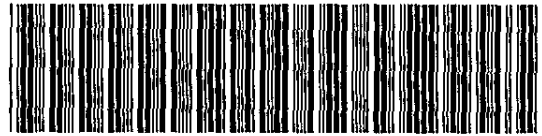
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/06 -- 01034 -- 020 **125.00

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06 FEB 13 AM 11:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CML, INC.
(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:

Herbert J. Buck, Accountant

5405 Jaeger Rd.
(Name of Person)
Naples, FL 34109

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Herbert J. Buck, Accountant

5405 Jaeger Rd.

Naples, FL 34109

at (239) 514-4244
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

~~MAILED 05 07 99~~

\$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)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

HERBERT J. BUCK ACCOUNTANT
5405 JAEGER ROAD
NAPLES, FL 34409

SUBJECT: CML, INC.
Ref. Number: W06000005333

We have received your document for CML, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with 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) 245-6067.


Neysa Culligan
Document Specialist

Letter Number: 906A00007718

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CML, 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:

675 Pompano Drive
Naples, Florida 34110

675 Pompano Drive
Naples, Florida 34110

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

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

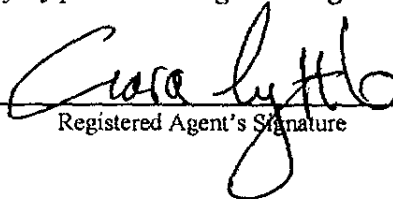
Ciara M. Lyttle
Name

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

Naples, FL 34110
City, State, and Zip

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06 FEB 13 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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





Lisa A. Savage
MY COMMISSION # DD146055 EXPIRES
December 18, 2006
BONDED THRU TROY FAIN INSURANCE, INC

(CONTINUED)

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:

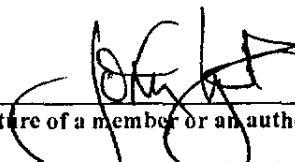
MGR

Ciara M. Lyttle
675 Pompano Drive
Naples, Florida 34110

(Use attachment if necessary)

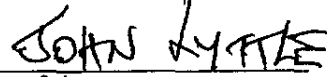
NOTE: An additional article must be added if an effective date is requested.

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.)



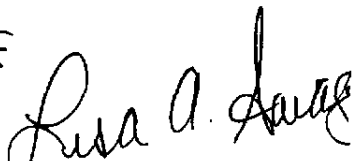
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)




Lisa A. Savage
MY COMMISSION # DD146035 EXPIRES
December 18, 2006
BONDED THRU TROY FAIN INSURANCE, INC.