

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

L06000053479

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000141522 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 686-5142

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:34

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CMI NC, LLC

RECEIVED
06 MAY 23 PM 4:11
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Return
to
Burr

DB

ARTICLES OF ORGANIZATION

OF

CMI NC, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

CMI NC, LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

1951 N.W. 19th Street
Suite 200
Boca Raton, FL 33431

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT


The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Manager and is, therefore, a manager-managed company.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:34

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 22nd day of May, 2006.



Gary N. Gerson, Authorized Representative of the
Members

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:34

H06000141522 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CMI NC, LLC

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

Gary N. Gerson
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



Gary N. Gerson, Registered Agent

FRIED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:34

H06000141522 3