

LO 70000 61769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

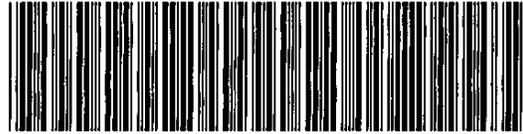
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMC, 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:

Joseph G. Corsaro, Esq.
(Name of Person)
Corsaro & Associates, Co., LPA
(Firm/Company)
28039 Clemens Road
(Address)
Westlake, OH 44145
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Maureen C. Bailey at (440) 871-4022 ext. 237
(Name of Person) (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

CORSARO & ASSOCIATES CO., LPA

28039 CLEMENS ROAD
WESTLAKE OH 44145
(440) 871-4022/TELEPHONE
(440) 871-9567/FACSIMILE

June 4, 2007

VIA UPS 1Z F60 R31 01 9109 3862

FLORIDA DEPARTMENT OF STATE
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Re: CMC, LLC

Dear Sir or Madam:

Enclosed for filing are the following:

- 1) Articles of Incorporation for the above-referenced entity; and
- 3) A check in the amount of \$155.00.

Also enclosed is an additional copy of the Articles of Organization. Kindly return a Certified Copy of the Articles to the undersigned in the self-addressed stamped envelope enclosed for your convenience.

Should you have any questions, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA



By: Joseph G. Corsaro, Esq.

JGC/mcb

Enclosures

cc: Mr. Bill Habansky (w/o encls.)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMC, 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:

Mailing Address:

768 Harbour Isles Way
North Palm Beach, FL 33410

768 Harbour Isles Way
North Palm Beach, FL 33410

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:

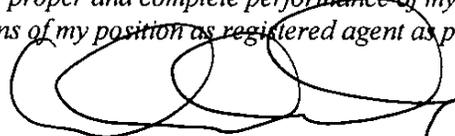
William S. Habansky, Jr.
Name

768 Harbour Isles Way
Florida street address (P.O. Box NOT acceptable)

North Palm Beach FL 33410
City, State, and Zip

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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)
William S. Habansky, Jr.

(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

William S. Habansky, Jr.

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TALLAHASSEE, FLORIDA

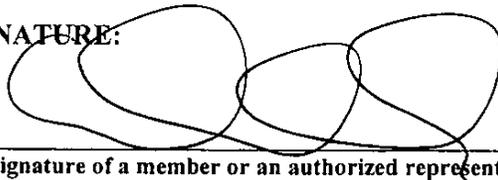
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(Use attachment if necessary)

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.)

William S. Habansky, Jr.

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)