

LD8000068057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

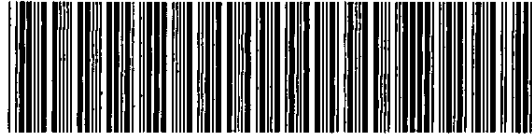
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STATE OF FLORIDA
TALLAHASSEE

T. CLINE
JUL 15 2008
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMG FAMILY MANAGEMENT, 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:

Ann J. Zabelinski

(Name of Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

799 Brickell Plaza, Suite 700

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann J. Zabelinski

(Name of Person)

at (**305**) **372-5100**

(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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

COMPANY NAME

The name of the Limited Liability Company is:

CMG FAMILY MANAGEMENT, LLC

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of CMG FAMILY MANAGEMENT, LLC is:

255 University Drive
Coral Gables, FL 33134

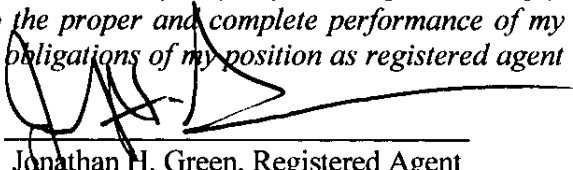
ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

Jonathan H. Green & Associates, P.A.
799 Brickell Plaza, Suite 700
Miami, FL 33131

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.


Jonathan H. Green, Registered Agent

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TALLAHASSEE, FLORIDA


ARTICLE IV

MANAGEMENT

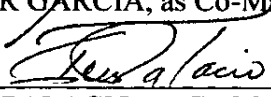
CMG FAMILY MANAGEMENT, LLC is to be managed by two (2) members and is, therefore, a co-member managed company. The name and address of the Managing Members are as follows:

CMG FAMILY MANAGEMENT, LLC

255 University Drive
Coral Gables, FL 33134



OSCAR GARCIA, as Co-Manager/Member



ICER PALACIO, as Co-Manager/Member

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