L09000011303

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
(Secument Admissi)		
·		
Certified Copies Certificates of Status	š <u>.</u>	

Special Instructions to Filing Officer:

L. SELLERS

JUL 24 2009

EXAMINER

Office Use Only



500158728695

07/23/09--01022--012 **160.00

FILED

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CMC Industries 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:	
Chase Michael Capicotti	
CMC Industries Firm/Company	
8405 Se Woodcrest PL Address	
Hobe Sound FL 33455 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(hase (ap, 10+f) at (772) 479-411) Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	s &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CMC INJUSTICS LLC

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

8405 SE WOODCrest	8405 Se woodcrest
PL HOSE Sound FL	PL Hohe Sound PL
33455	33455
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Diana Co Name	ipi.cotti
8405 Se Woo Florida street address (P.O	
Hose Sound FL City, State, a	FL 33455 nd Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Chase capicati 8405 se woodcrest the Habe sound FC 33455

(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
REOUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
Chase	M CUD, CO++;
Filing Fees:	ped of printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)