

LO9000090882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

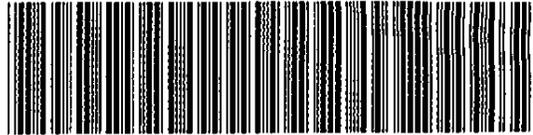
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/09--01015--024 **130.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 18 PM 1:49

T. HAMPTON

SEP 21 2009

EXAMINER

09-39805

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMA Advisory Group LTD, Limited Liability Company
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:

Karl C. Ashley

Name of Person

CMA Advisory Group LTD, Limited Liability Company

Firm/Company

1630 Park Avenue

Address

Amelia Island, FL 32034

City/State and Zip Code

kcashley@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl C. Ashley

Name of Person

at (**904**)

206-4338
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 3, 2009

KARL C ASHLEY
1630 PARK AVE
AMELIA ISLAND, FL 32034

SUBJECT: CMA ADVISORY GROUP LTD. LIMITED LIABILITY COMPANY
Ref. Number: W09000039805

We have received your document for CMA ADVISORY GROUP LTD. LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00029497

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMA Advisory Group, LLC

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

1630 Park Avenue
Amelia Island, FL 32034

1630 Park Avenue
Amelia Island, FL 32034

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:

CoreGroup Services, Inc.

Name

1630 Park Avenue

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

Amelia Island, 32034 FL

City, State, and Zip

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.

Karl C. Ashley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Karl C. Ashley
1630 Park Avenue
Amelia Island, FL 32034

MGR

Randy D. Russo
5743 Parkview Lake Drive
Orlando, FL 32821

MGR

Erez Zadok
9548 Baycliff Court
Orlando, FL 32836

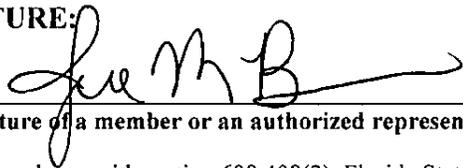
MGRM

Julianne Benedetti
595 W. Church Street, Apt. 632
Orlando, FL 32805

(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.)

Julianne Benedetti

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)

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DIVISION OF CORPORATIONS
09 SEP 18 PM 1:59