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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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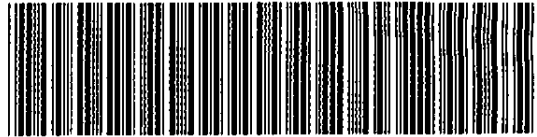
(Business Entity Name)

(Document Number)

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

T. HAMPTON

SEP 21 2009

EXAMINER

209-39805

## 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:

1630 Park Avenue  
Amelia Island, FL 32034

#### Mailing Address:

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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DIVISION OF CORPORATIONS

**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

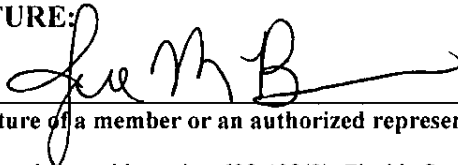
Orlando, FL 32805

(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