	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : FASTKIT CORP
**E;	Account Number : I2010000009 Phone : (305)599-0839 Fax Number : (305)592-9591 Account Numbe
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May 21, 2010

FASTRIT CORP

FLORIDA DEPARTMENT OF STATE Division of Corporations

SUBJECT: CMHB ENTERPRISES, LLC REF: W10000024777

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II FAX Aud. #: H10000121052 Letter Number: 510A00012858

P.O BOX 6327 - Tallahassec, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

CMHB ENTERPRISES, 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:		
8411 SW 108TH PL RD	8411 SW 108TH FL RD		
OCALA, FL 34481	OCALA, FL 34481		
	·		

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	d the Florida street address of the registered agent are:		e MA	SIGNE
	ROSELLA	BIRNBAUM	Y 21	
		Name	22	
	8411 SW 108TH PL RD		÷ Ļ	34
		Florida street address (P.O. Box NOT acceptable)		ALD ALE
• •	OCALA	FL 34481		ŇŞ.
		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 (RÉQUIRED)

(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:		
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Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM	ROSELLA BIRNBAUM
	8411 SW 108TH PL RD
	DGALA FL 34481
IGR	JOEL BIRNBAUM
	8411 SW 108TH PL RD
	OCALA, FL 34481
AGR	BRIAN HEALEY
· · · · · · · · · · · · · · · · · · ·	908 URBAN AVE
	DURHAM, NG 27701

(Use attachment if necessary)

RTICLE 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 3 or 90 days after the date of filing.)

<u>REQUIRED</u> 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.)

MANAGING MEMBER

Typed or printed name of signee

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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)