

L10000123412

Division of Corporations

11:00:27 a.m.

11-30-201

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CFMM Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED  
10 NOV 30 PM 12:12  
SECRETARY OF STATE  
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10 NOV 30 AM 9:43  
SECRETARY OF STATE  
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Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

NOV 30 2010

EXAMINER

11/30/2010

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CFMM Investments, 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:

c/o GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

#### Mailing Address:

c/o GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

### 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:

GrayRobinson, P.A.

Name

301 E. Pine Street, Suite 1400

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

Orlando FL 32801

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 (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

Bryan Mulach  
17 Ivo Whitton Circuit  
Kambah ACT 2902

MGR

Dean Crowe  
44 Victoria Street  
Hall ACT 2618

MGR

Carl Darryl Fredericks  
33 Daley Crescent  
Fraser ACT 2615

MGR

Andrew Maroc  
16 Bindaga Street  
Aranda ACT 2614

(Use attachment if necessary)

SEE ATTACHMENT

ARTICLE V: Effective date, if other than the date of filing: N/A (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:

x D. Crowe  
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.)

Dean Crowe, Manager

Typed or printed name of signer

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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