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PICK-UP	WAIT	MAIL
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SECRETATO OF STATE
SECRETATO OF STATE
ANASSEE, FLORIDA

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: CMWB Enterprises 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:
Christine Brady Name of Person
(CMWB Entrprises (LC)
5328 5W 8th Ct.
Cape Caval, Fl. 33914
Chrisw brady a yahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Brady at (225) 288-1010 (c) Area Code & Daytime Telephone Number 239-541-0990 (H)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



December 6, 2011

CHRISTINE BRADY 5328 SW 8TH COURT CAPE CORAL, FL 33914

SUBJECT: CMWB ENTERPRISES LLC

Ref. Number: W11000061074

We have received your document for CMWB ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLE III and the Registered Agent must sign.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 911A00027288

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	ny is:
CMWB Ex	Herpises LLC d Liability Company, "L.L.C.," or "LLC.")
_	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5328 SW 8th Ct.	5328 SW 8th Ct.
35919	
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another

ARTICLE I - Name:

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christine Brady

Name

SHORE

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

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOR	Christine Brady 5328 5W 813 (t. Cape Coral, Fl. 33914
.	
(Use attachment if necessary)	
LE V: Effective date, if other than	t be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days Signature Signat
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation us I am aware that any false in	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are formation submitted in a document to the Department of States lony as provided for in s.817.155, F.S.)

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)