

L12000122326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 24 PM 3:08

FILED



CMB Regional Centers *CMB Export, LLC and CMB Summit, LLC*

Midwest Executive Offices 7819 42nd Street West, Rock Island, Illinois 61201 Phone: 309-797-1550 Facsimile: 855-852-5133

September 19, 2012

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs,

Enclosed you will find the following information on behalf of CMB Regional Centers:

Articles of Incorporations for CMB Florida Regional Center
Check for the Filing Fee \$125.00

If you have questions please feel free to contact us at:

CMB Regional Centers
7819 42nd Street W.
Rock Island, IL 61201
309-797-1550

Thank you.

Sincerely,

Pam Ellis
Director of Company Operations

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMB Southeast Regional Center 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:

Patrick F. Hogan

Name of Person

CMB Export, LLC

Firm/Company

7819 42nd Street West

Address

Rock Island, IL 61201

City/State and Zip Code

pat@rockislandauction.com

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

For further information concerning this matter, please call:

Joseph M. Loete

Name of Person

at (309) 797-1550

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMB Southeast Regional Center 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:

7819 42nd Street West
Rock Island, IL 61201

Mailing Address:

7819 42nd Street West
Rock Island, IL 61201

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:

Incorp Services, Inc.

Name

17888 67th Court North

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

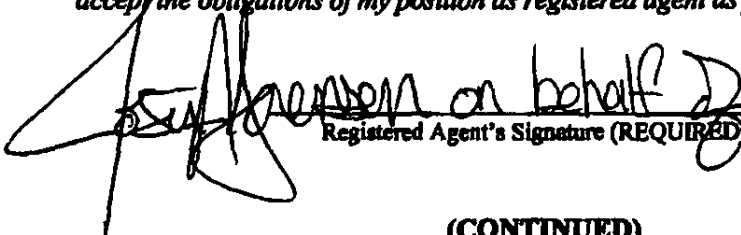
Loxahatchee

FL 33470

City, State, and Zip

FILED
12 SEP 24 PM 3:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

 on behalf of Incorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

Patrick F. Hogan

7819 42nd Street West

Rock Island, IL 61201

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Patrick F. Hogan

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)