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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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T. HAMPTON

FILING COVER SHEET ACCT. #FCA-14  CONTACT: RICKY SOTO  DATE: 02/20/2013  REF. #: 002874.181268  CORP. NAME: CMC LOGISTICS LLC	
DATE: 02/20/2013  REF. #: 002874.181268	
REF. #: 002874.181268	
CORP. NAME: CMC LOGISTICS LLC	
( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( XX) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( ) OTHER:	N
STATE FEES PREPAID WITH CHECK# <u>103492</u> FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:	
COST LIMIT: \$	
PLEASE RETURN:	
(XX) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING ( ) PLAIN STAMPED COPY	

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company i	18:
CMC LOGISTICS LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	principal office of the Limited Liability Company is:
3	1 2
Principal Office Address:	Mailing Address:
ALA OPUEN CARNO DRINGO GLUBO IAL	OLO CONTONE DE CALCE CORRESPONDE ANTICONO.
210 SEVEN FARMS DRIVE, SUITE 101	210 SEVEN FARMS DRIVE, SUITE 101
DANIEL ISLAND, SOUTH CAROLINA	DANIEL ISLAND, SOUTH CAROLINA
29492	29492
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another ac registered agent are:
NRAI Sa	ervices, Inc.
Nau	me
ett D. J. P	D. 1. 4
~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	Park Avenue
	address (P.O. Box <u>NOT</u> acceptable)
Tullahassee	FL 32301
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.

NRAI Services, Inc.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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mysses of customers 56

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Nume and Address;
"MGRM" = Managing Member	
	•
MGR	VINCENT J. MARINO
	210 SEVEN FARMS DRIVE, SUITE 101
	DANIEL ISLAND, SOUTH CAROLINA 29492
MGR	ANTHONY V. MARINO
	330 EAST 75TH STREET, APARTMENT 23BC
	NEW YORK, NEW YORK 10021
<u> </u>	**************************************
(Use attachment if necessary)  LE V: Effective date, if other the	nan the date of filing: (OPTION
LE V: Effective date, if other th	e must be specific and cannot be more than five busin
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of file REQUIRED SIGNATURE:	e must be specific and cannot be more than five busin
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of fill REQUIRED SIGNATURE:  Signature of a constitutes an affirmatic lam aware that any false.	e must be specific and cannot be more than five busin ing.)
CLE V: Effective date, if other the effective date is listed, the date of or 90 days after the date of fill REQUIRED SIGNATURE:  Signature of a (In accordance with sectionstitutes an affirmatic I am aware that any false)	member or an authorized representative of a member.  tion 608.408(3), Florida Statules, the execution of this document on under the penalties of perjury that the facts stated herein are true, a information submitted in a document to the Department of State at felony as provided for in s.817.155, F.S.)  MARINO
REQUIRED SIGNATURE:  (In accordance with sections an affirmatic I am aware that any false constitutes a third degree	nemust be specific and cannot be more than five busining.)  nember or an authorized representative of a member.  tion 608.408(3), Florida Statules, the execution of this document on under the penalties of perjury that the facts stated herein are true, a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
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