

L14000058965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

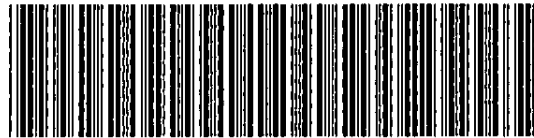
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/14--01002--016 **160.00

TO AGENCY FOR
SUFFICIENCY OF FILING

2014 APR -9 PM 4:31

TO AGENCY FOR
SUFFICIENCY OF FILING

2014 APR -9 AM 11:40

B. BOSTICK

APR 10 2014

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **SAVANNAH DEBOER**

DATE: **04/09/14**

REF. #: **7153604.9109373**

CORP. NAME: **CMC INVESTMENT HOLDINGS, LLC**

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70018305 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
2014 APR -9 AM 11:40
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

ARTICLES OF ORGANIZATION
OF
CMC INVESTMENT HOLDINGS, LLC
a Florida limited liability company

1. The name of the limited liability company is:

CMC INVESTMENT HOLDINGS, LLC.

2. The mailing and street address of the principal office of the limited liability company is:

3167 Club Drive
Miramar Beach, Florida 32550.

3. The name and street address of the initial registered agent of the limited liability company are:

NRAI Services, Inc.
1200 S. Pine Island Road
Plantation, FL 33324.

4. The name and street address of the Manager is:

Cheryl M. Chambers
3167 Club Drive
Miramar Beach, Florida 32550.

Dated: as of April 9th, 2014.



Cheryl M. Chambers
Authorized Representative

2014 APR 9 AM 11:00
CLERK OF COURT
CLERK OF COURT

**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) it accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) it is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of April 9, 2014.

NRAI Services, Inc.
Registered Agent



By: Katie Wonsch, Asst. Secretary