

**L14000140177**

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000210641 3)))



H140002106413ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904) 398-3911  
Fax Number : (904) 396-0663

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

Email Address: Stamanda@rtlaw.com

RECEIVED

14 SEP -8 AM 8:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
CMAC Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 SEP -8 A 8:50

FILED

B. BOSTICK

SEP - 9 2014

EXAMINER

9/8/2014 2:32 PM

H14000210641

ARTICLES OF ORGANIZATION  
OF  
CMAC ENTERPRISES, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Act").

ARTICLE I - NAME

The name of this limited liability company (the "Company") is CMAC ENTERPRISES, LLC.

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 9995 Gate Parkway North, Suite 305, Jacksonville, Florida 32246.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 9995 Gate Parkway North, Suite 305, Jacksonville, Florida 32246, and the name of its initial registered agent at such address is Douglas R. Aiosa.


ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager managed company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 8<sup>TH</sup> day of September, 2014. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Douglas R. Aiosa, Authorized Representative

H14000210641

FILED

2014 SEP -8 A 8:53  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

H14000210641

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

CMAC ENTERPRISES, LLC


2. The name and address of the registered agent and office are:

DOUGLAS R. AIOSA  
9995 GATE PARKWAY NORTH, SUITE 305  
JACKSONVILLE, FLORIDA 32246

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.

Dated: September 8<sup>th</sup>, 2014

Signature of Registered Agent

  
Douglas R. Aiosa

2014 SEP -8 A 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H14000210641