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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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1115-29781

Office Use Only

COVER LETTER

	gistration Section rision of Corporations
CUDIECT.	Construction Management & Services International, LLC.
SUBJECT:	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	Edwin Cortes, President/CEO
	Name of Person
	Construction Management & Services International, LLC.
_	Firm/Company
	3701 N Country Club Dr., Suite 1403
_	Address
	Aventura, FL 33180
-	City/State and Zip Code
	ed.cmsi4@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
	Edwin Cortes 305 753-2368
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



June 9, 2015

EDWIN CORTES 3701 N.COUNTRY CLUB DR., SUITE 1403 AVENTURA, FL 33180

SUBJECT: CONSTRUCTION MANAGEMENT & SERVICES INTERNATIONAL,

LLC

Ref. Number: W15000039781

We have received your document for CONSTRUCTION MANAGEMENT & SERVICES INTERNATIONAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 915A00011994

COVER LETTER

TO:	Registration Section Division of Corporations	INTERCON	itinental
SUBJE	Construction Management &Ser		
SUBJE		ted Liability Company	
The end	closed Articles of Organization and fee(s) are	submitted for filing,	
Please 1	return all correspondence concerning this mate	ter to the following:	
	Edwin Cortes, President/CE	ю	
		Name of Person INTE	PCONTENENTAL
	Construction Management &	& Services International, LLC.	
		Firm/Company	
	3701 N Country Club Dr., S	uite 1403	
		Address	
	Aventura, FL 33180		
	Cit ed.cmsi4@gmail.com	y/State and Zip Code	
		or future annual report notificat	ion)
For furth	ner information concerning this matter, please	call:	
		753-2368	
	Name of Person Are	a Code Daytime Telephon	e Number
Enclose	ed is a check for the following amount:		
\$125.00	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)
	Mailina Addrass	Stroot Address	

Mailing Address

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		INTEREON	schental	
	Management & Services 🗠			**
(Must end	with the words "Limited I	Liability Company, "L	L.L.C.," or "LLC.")	1.
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Limited Lia	bility Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	te 1403
3701 N Country	Club Drive, Suite 1403	3701	N Country Club Drive, Sui	te 1403
Aventura, FL 33	180		ntura, FL 33180	
U.S.A.		U.S	Α	3,
•	active Florida registration. t address of the registered a)	ı must designate an individu	al or
·	active Florida registration. address of the registered a Branca Amaral)	i must designate an individu	al or
·	active Florida registration. address of the registered a Branca Amaral) gent are: Name	i must designate an individu	al or
•	active Florida registration. t address of the registered a Branca Amaral) gent are: Name		al or
·	active Florida registration. t address of the registered a Branca Amaral 10913 NE 9th Court) gent are: Name		al or
another business entity with an The name and the Florida street	active Florida registration. t address of the registered a Branca Amaral 10913 NE 9th Court Florida street address () gent are: Name P.O. Box NOT accept	ntable)	al or

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Educin Coston Provident/CEO
AMBR	Edwin Cortes, President/CEO
	Aventura, FL 33180
	117011011111111111111111111111111111111
	· · · · · · · · · · · · · · · · · · ·
ective date is listed, the date must b of filing.) the date inserted in this block does	date of filing: July 1, 2015 . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must be of filling.) the date inserted in this block does ment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
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