

**L15000178310**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (786) 288-5699  
Fax Number : (866) 856-1462

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

Email Address: LORENA@FELDMANCLOSINGS.COM

**FLORIDA LIMITED LIABILITY CO.  
CGM 11 LLC**

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

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15 JUL 15 AM 8:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

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Corporate Filing Menu

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S. GILBERT

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FAX Audit # 850-617-6381.



July 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E-FILE, FELDMAN & ASSOCIATES

SUBJECT: CGM 11 LLC  
REF: W15000047223

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation name in Article one.,

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E15000170330  
Letter Number: 715A00014740

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15 JUL 15 PM 2:56

P.O BOX 6327 - Tallahassee, Florida 32314

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CGM 11 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:

LORENA FELDMAN, ESQ.  
Name of Person  
FELDMAN & ASSOCIATES  
Firm/Company  
2750 NE 185<sup>th</sup> #202.  
Address  
AVENTURA, FL, 33180.  
City/State and Zip Code  
LORENA@FELDMANCLOSINGS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORENA FELDMAN at ( 786 ) 288-5699.  
Name of Person 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

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

Street Address

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

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FAX AUDIT # 850-617-6381

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGM 11 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:

2750 NE 185 ST #202  
Aventura, FL 33180.

Mailing Address:

2750 NE 185 ST #202  
Aventura, FL 33180.

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:

LORENA FELDMAN ESQ.

Name

2750 NE 185 ST #202

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

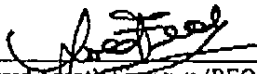
Aventura FL 33180.

City

State

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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

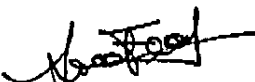
Name and Address:

SANDRA MENDO  
2750 NE 185 ST # 202.  
AURORA, FL 33160

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

LORENA FELDMAN

Typed or printed name of signer

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)