

L16000080374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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APR 24 2016

S. GILBERT

LAW OFFICES
LEON E. SHARPE, P.A.

(305) 573 - 3823
FAX (305) 576 - 0065

OFFICE AT BAY POINT, SUITE 960
4770 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33137

April 22, 2016

Via Overnight Delivery - FedEx

Sylvia Gilbert
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Community Benefits Management Group, LLC

Dear Ms. Gilbert:

In connection with the above corporation, enclosed please find the corrected original and one copy of the Articles of Organization, as well as a copy of your letter dated April 8, 2016.

Sincerely,

Leon E. Sharpe, Esquire
Leon E. Sharpe, Esquire

LES:iff
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

LEON E. SHARPE, ESQ
4770 BISCAYNE BLVD, SUITE 960
MIAMI, FL 33137

SUBJECT: COMMUNITY BENEFITS MANAGEMENT GROUP, LLC
Ref. Number: W16000026045

We have received your document for COMMUNITY BENEFITS MANAGEMENT GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 116A00007198

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Community Benefits Management Group, 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:

Anthony Brunson P.A.

Name of Person

Community Benefits Management Group, LLC

Firm/Company

801 Brickell Avenue, Suite 900

Address

Miami, FL 33131

City/State and Zip Code

ABrunson@abepasolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Brunson

305

789-6673

at ()

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Community Benefits Management Group, 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:

13000 SW 15 Court, Apt. 213
Pembroke Pines, Florida 33017

Mailing Address:

13000 SW 15 Court, Apt. 213
Pembroke Pines, Florida 33027

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:

Anthony Brunson

Name

801 Brickell Avenue, Suite 900

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

Miami

Florida

33131

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)

ARTICLE IV-

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

"AMBR" = Authorized Member

"MGR" = Manager

Mgr

Michelle Spence Jones

13000 SW 15 Court, Apt. 213

Pembroke Pines, FL 33027

Mgr

Gail Seay

13000 SW 15 Court, Apt. 213

Pembroke Pines, FL 33027

(Use attachment if necessary)

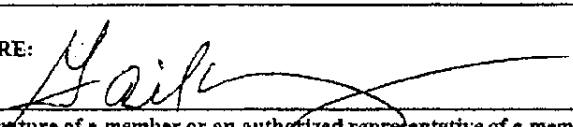
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

GAIL SEAY

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)