

Li0000093120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400285923724

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 MAY 17 AM 8:29

RECEIVED
DEPARTMENT OF STATE
16 MAY 17 PM 4:40

MAY 18 2016

T SCHROEDER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/17/16

NAME: CIMV HOLDINGS, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

CIMV HOLDINGS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

8934 SAN RAE ROAD

JACKSONVILLE, FLORIDA 32257

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

CHRIS LAY

8934 SAN RAE ROAD

JACKSONVILLE, FLORIDA 32257

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.

X 
CHRIS LAY / Registered Agent's signature

FILED
16 MAY 17 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 CIMV HOLDINGS, LLC

ARTICLE IV

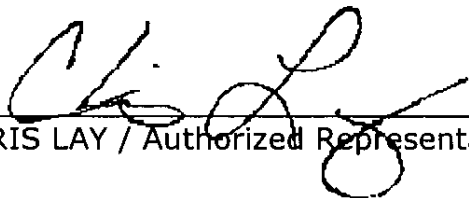
The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

CHRIS LAY

8934 SAN RAE ROAD

JACKSONVILLE, FLORIDA 32257

X  _____
CHRIS LAY / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
16 MAY 17 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA