L16000149814

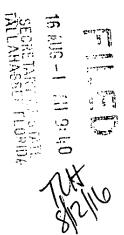
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duainaga Entity Nama)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000288458160

08/01/16--01039--009 **125.00



June 6, 2016

Department of State
New Filing Section
Division of Corporations
P. O Box 6327
Tallahassee, Florida 32314

Re: L04000073334

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Frecia Neitman

Liccia Mellunt

JOSE L. RUIZ Notary Public - State of Florida Commission & FF 938168

My Comm. Expires Nov 22, 2019 Bonded through National Matery Aces.

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	COMMERCIAL INTERNATIONAL GROUP LLC	
SOBOLO	Name of Limited Liability (Company
The enclos	osed Articles of Organization and fee(s) are submitted for	filing.
Please retu	turn all correspondence concerning this matter to the follows:	owing:
	MARIA E RUIZ	
	Name of Per	rson
	L & M ACCOUNTING SERVICES INC	
	Firm/Compa	any
	7750 SW 117TH AVE SUITE 201D	
	Address	
	MIAMI FLORIDA 33183	
	City/State and Z MARIAQUIROS9@HOTMAIL.COM	ip Code
	E-mail address: (to be used for future annu	nal report notification)
For further i	r information concerning this matter, please call:	
	MARIA E RUIZ 305 5	95-2407
		Daytime Telephone Number
Enclosed i	l is a check for the following amount:	
\$125.00 F	Certificate of Status Certified C	Siling Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	New Filing Section New Division of Corporations Division of Corporations Clir P.O. Box 6327 Clir Tallahassee, FL 32314 266	eet Address w Filing Section vision of Corporations fton Building Executive Center Circle Ilahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COMMERCIAL I	NTERNATIONAL GROUP LI	LC	
(Must en	d with the words "Limited Liab	oility Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: the mailing address and street	address of the principal office	of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
2025 NW 120 AV	E UNIT 103	7750	SW 117TH AVE SUITE 201D
2922 NW 120 AV			
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	DA 33323 Agent, Registered Office, & Runy cannot serve as its own Regin active Florida registration.)	egistered Agentistered Agent.	MI FLORIDA 33183 It's Signature: You must designate an individual o
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	DA 33323 Agent, Registered Office, & Runy cannot serve as its own Regin active Florida registration.) et address of the registered age	egistered Agent istered Agent.	it's Signature:
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	DA 33323 Agent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.) et address of the registered age FRECIA NEITMAN	egistered Agent istered Agent.	it's Signature:
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	DA 33323 Agent, Registered Office, & Reny cannot serve as its own Regin active Florida registration.) et address of the registered age FRECIA NEITMAN	egistered Agent istered Agent. Y	it's Signature:
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	DA 33323 Agent, Registered Office, & Rony cannot serve as its own Regin active Florida registration.) et address of the registered age FRECIA NEITMAN Na	egistered Agent istered Agent. Y	nt's Signature: You must designate an individual o
SUNRISE, FLOR ARTICLE III - Registered A The Limited Liability Compa nother business entity with a	IDA 33323 Agent, Registered Office, & Romy cannot serve as its own Regin active Florida registration.) et address of the registered age FRECIA NEITMAN Na 2925 NW 130 AVE UNIT	egistered Agent istered Agent. Int are: me T 103 O. Box NOT a	nt's Signature: You must designate an individual

he 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.

(CONTINUED)

Page 1 of 2

(Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unent's effective date on the Department of State's records. (It will not be unent's effective date on the Department of State's records. (It will not be unent's effective 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. FRECIA NEITMAN Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	Title:	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (ILE V: Effective date, if other than the date of filing: (OPTIONAL) (OP	"AMBR" = Authorized Member	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: CLE V: Effective date, if other than the date of filing: CLE V: Effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 deep of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not businest's effective date on the Department of State's records. CLE 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 05.0203 (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. FRECIA NEITMAN Typed or printed name of signee		FRECIA NEITMAN
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: CLE V: Effective date, is listed, the date must be specific and cannot be more than five business days prior to or 90 de of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sument's effective date on the Department of State's records. CLE 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. FRECIA NEITMAN Typed or printed name of signee	MOK	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: B/15/16 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 de of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the date inserted in the Department of State's records. CLE 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. FRECIA NEITMAN Typed or printed name of signee		
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. FRECIA NEITMAN Typed or printed name of signee		
REQUIRED SIGNATURE: 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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 50,0203 (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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
REOUIRED SIGNATURE: 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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
REQUIRED SIGNATURE: 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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
REOUIRED SIGNATURE: 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. FRECIA NEITMAN Typed or printed name of signee (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL)		
Recuire date is listed, the date must be specific and cannot be more than five business days prior to or 90 deconfiling.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not but the ument's effective date on the Department of State's records. LE 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), Floride 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. FRECIA NEITMAN Typed or printed name of signee		•
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), Floride Statutes I am aware that any false information submitted in a document to the Department of State. FRECIA NEITMAN Typed or printed name of signee		1 CON 8/15/1/ (OPENIONAL)
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 005,0203 (1) (b), Floride 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. FRECIA NEITMAN Typed or printed name of signee	LEV: Effective date, if other than the	e date of filing: 8/15/16 (OPTIONAL)
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. FRECIA NEITMAN Typed or printed name of signee	ffective date is listed, the date must l	e date of filing: $8/15/16$ (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
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. FRECIA NEITMAN Typed or printed name of signee	ffective date is listed, the date must le of filing.)	be specific and cannot be more than five business days prior to or 90 de
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. FRECIA NEITMAN Typed or printed name of signee	ffective date is listed, the date must less of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	ffective date is listed, the date must less of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must le of filing.) If the date inserted in this block does ument's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must le of filing.) If the date inserted in this block does ument's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must le of filing.) If the date inserted in this block does ument's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must le of filing.) If the date inserted in this block does ument's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Floride 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. FRECIA NEITMAN Typed or printed name of signee	ffective date is listed, the date must le of filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any.	be specific and cannol be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannol be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
constitutes a third degree felony as provided for in s.817.155, F.S. FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Additional amendation of the statutory filing requirements and the state of the stat
FRECIA NEITMAN Typed or printed name of signee	fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes
Typed or printed name of signee	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State.
Typed or printed name of signee	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is eliam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State.
	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is early any constitutes a third of the state of th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is early any constitutes a third of the state of th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. I a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes, y felse information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	fective date is listed, the date must leaf filing.) If the date inserted in this block does ument's effective date on the Departs LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is early any constitutes a third of the state of th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. I a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
\$ 30.00 Certified Copy (Optional)	ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department's effective date of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. I a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
\$ 5.00 Certificate of Status (Optional)	ffective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Department's effective date of the Department's effective date on the Department's effective date of	not meet the applicable statutory filing requirements, this date will not be ment of State's records. I a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes of false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.