

L16 000161076

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 23 AM 11:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CMF 1, 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:

Catherine Marie Fuller

Name of Person

Firm/Company

2936 Parrish Drive

Address

Tallahassee, FL 32309

City/State and Zip Code

Fullercatherine86@gmail.com

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

For further information concerning this matter, please call:

Catherine Fuller 850 509-1085

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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TALLAHASSEE, FL
16 AUG 23 4:11:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CMF 1, 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:

Mailing Address:

2936 Parrish Drive, Tallahassee 32309

2936 Parrish Drive, Tallahassee 32309

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:

Catherine Marie Fuller

Name

2936 Parrish Drive

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

Tallahassee

FL

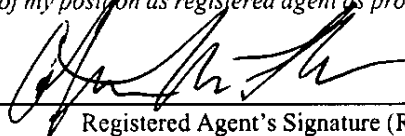
32309

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)

Page 1 of 2

16 AUG 23 AM 11:00

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TALLAHASSEE, FLORIDA

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:

Catherine Marie Fuller

2936 Parrish Drive

Tallahassee, FL 32309

(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.

Catherine M. Fuller

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)

\$ 5.00 Certificate of Status (Optional)

WALDOCH & MCCONNAUGHAY, P.A.

1709 HERMITAGE BOULEVARD, SUITE 102
TALLAHASSEE, FLORIDA 32308

PHONE: 850-385-1246

FAX: 850-681-7074

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THE NATIONAL ELDER LAW FOUNDATION*

Nancy M. Richards
Alisa C. Hamm
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Legal Assistants

Lisa A. Medley
Client Relations Coordinator

August 17, 2016

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

Re: LLC Deeds

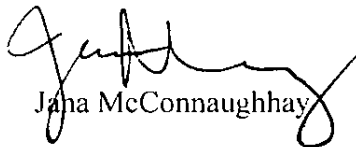
Dear Sir or Madam:

Enclosed please find the following:

- Cover Letter with Articles of Organization for LLC

Our check in the amount of \$125.00, representing the filing fees for the enclosed document. If you have any questions, please contact me or my assistant, Michelle Elkins.

Sincerely,


Jana McConnaughay

JEM/mce
enclosures

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TALLAHASSEE
FLORIDA