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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

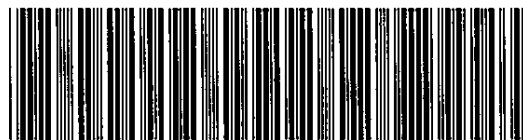
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per customer phone call wants
to be a Florida LLC

cert. file
W17-7558

Office Use Only



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O SIMMONS
FEB 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2017

ANTONIO MARTIN, ESQ
1420 CELEBRATION BLVD
STE 200
CELEBRATION, FL 34747

SUBJECT: COLLABORATIVE PROJECT MANAGEMENT SERVICES LTD.,
LLC
Ref. Number: W17000007598

We have received your document for COLLABORATIVE PROJECT MANAGEMENT SERVICES LTD., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00001675

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Collaborative Project Management Services, 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:

Antonio G. Martin, Esq.
Name of Person

Martin Law Group, P.L.
Firm/Company

1420 Celebration Blvd, Suite 200
Address

Celebration, FL 34747
City/State and Zip Code

info@callmartinlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio G. Martin, Esq. 863 949-0892
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)



Funds in
hand already
per Octavia
Simmons.

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:

Collaborative Project Management Services, LLC
(Must contain 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:

205 Hills Bay Dr.
Davenport, F.L. 33896

Mailing Address:


Martin Law Group, P.L.

Suite 200
4700 Celebration Blvd
Celebration, Florida 34747

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:

	<u>Martin Law Group, P.L.</u>	
<u>Florida</u>	<small>Suite 200 4700 Celebration Blvd Celebration, Florida 34747</small>	
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

MGR

AMBR

AMBR

Name and Address:

Matthew Brine

Tower Mill Cottage

Whitehouse Ln, Belchamp Otten

2818 783

Timothy Gallani

2 Copland Rd, Waltham Forest, London

E14 9DB

Christopher Mackie

St. Ives Ct, 47 Ingham Rd

Kilburn, LN NW2-4HT

Damien Gent

601 The Residence, Alexandra Terrace,

Bullford, LN GU1-3DA

(Use attachment if necessary)

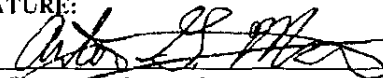
ARTICLE V: Effective date, if other than the date of filing: 2/1/17 (OPTIONAL)

(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.

Antonio G. Martin, Esq.

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)

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