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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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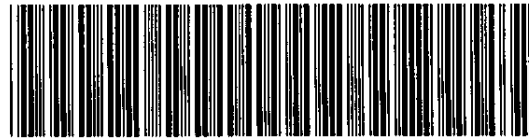
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Nicola, Gudbranson & Cooper, LLC

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June 22, 2017

Via Regular Mail  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization for Florida Limited Liability Company

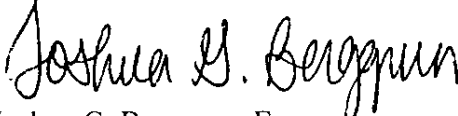
Dear Sir or Madam:

Enclosed please find the following:

- 1) Articles of Organization for Florida Limited Liability Company for CGM Supply, LLC;
- 2) A check in the amount of \$125.00 for the filing fee.

If the enclosures are found to be in order, please see that the documents are filed expeditiously and that the letter of acknowledgment is delivered to the attention of Joshua G. Berggrun, Esq. as soon as possible. A return postage paid envelope is enclosed for your convenience.

Very truly yours,



Joshua G. Berggrun, Esq.

JGB  
Enclosures  
cc: RAC

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** CGM Supply, 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:

Richard A. Cooper

Name of Person

Nicola, Gudbranson & Cooper, LLC

Firm/Company

25 W. Prospect Avenue, Suite 1400

Address

Cleveland, Ohio 44115

City/State and Zip Code

rcooper@nicola.com

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

For further information concerning this matter, please call:

Richard A. Cooper

216

621-7227

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:

CGM Supply, 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:

Mailing Address:

Isle of Amelia Executive Suites

same as principal office address

5422 First Coast Highway

Fernandina Beach, Florida 32034

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:

Sharon Holloway

Name

1431 Lewis Street

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

Amelia Island

Florida

32034

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.*

Sharon Holloway

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

**Name and Address:**

Craig Miller

3207 Sea Marsh Road

Amelia Island, Florida 32034

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

RICHARD A. COOPER

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)

**FILED**  
**17 JUN 26 PM 4:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**