

L18000 054 632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

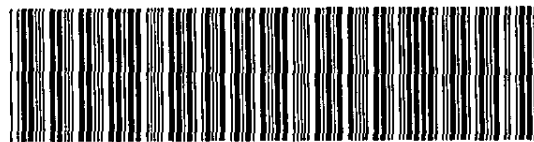
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 FEB 26 PM 6:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W18-14880

D O'KEEFE

MAR 05 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2018

CEDRIC W. MAYS  
1607 GROVE PARK CIRCLE  
BOYNTON BEACH, FL 33436

SUBJECT: CWM CONSULTING SERVICES LLC.  
Ref. Number: W18000014880

We have received your document for CWM CONSULTING SERVICES LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide an address for MGR and remove OWNER from Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 518A00003170

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2018 FEB 26 AM 10:47  
MAIL ROOM 1000

**COVER LETTER**

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

**SUBJECT:** CWM Consulting 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:

Cedric W. Mays

\_\_\_\_\_  
Name of Person

CWM Consulting Services LLC.

\_\_\_\_\_  
Firm/Company

1067 Grove Park Circle

\_\_\_\_\_  
Address

Boynton Beach, Florida 33436

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cedric W. Mays

561

255- 2585

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:

CWM Consulting 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:**

1067 Grove Park Circle, Boynton Bch. Fl 33436

**Mailing Address:**

1067 Grove Park Circle, Boynton Beach  
Florida 33436

**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:

Cedric. W. Mays

Name

1067 Grove Park Circle

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

Boynton Beach, Florida 33436

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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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

**Name and Address:**

Cedric W. Mays  MGR

1067 Grove Park Circle  
Boynton Beach, FL 33436

(Use attachment if necessary)

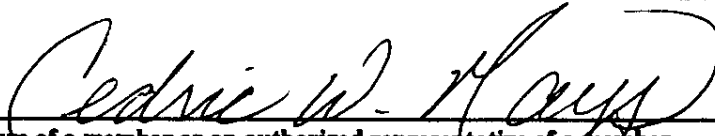
**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2018 (OPTIONAL)

(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.

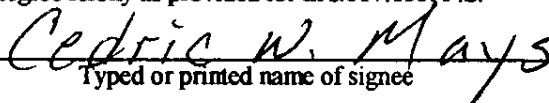
**ARTICLE VI:** Other provisions, if any.

**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.

  
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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TALLAHASSEE, FLORIDA