## L1800061390

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800309980198

03/06/18--01024--018 \*\*130.00

18 MAR -6 AH 9: 49

OF STATE
OF AH AND OF STATE

N CULLIGAN MAR 1 3 2018

## **COVER LETTER**

	ew Filing Section ivision of Corporations	
SUBJEC	CMD Managed Solutions	
SOBGEC	Name of Limited Liability Company	
The encl	ed Articles of Organization and fee(s) are submitted for filing.	
Please re	rn all correspondence concerning this matter to the following:	
	Carlos De La Uz	
	Name of Person	
	CMD Managed Solutions	
	Firm/Company	
	14978 SW 51st St	
	Address	
	Davie FL, 33331	
	City/State and Zip Code cmdmanagedsolutions@outlook.com	
	E-mail address: (to be used for future annual report notification)	
For further	nformation concerning this matter, please call:	
	Carlos De La Uz 786 338-1447	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	a check for the following amount:	
\$125.00	ling Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed)   \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## $\textbf{ARTICLES} \, \textbf{OF} \, \textbf{ORGANIZATION} \, \textbf{FOR} \, \textbf{FLORIDA} \, \textbf{LIMITED} \, \textbf{LIABILITY} \, \textbf{COMPANY}$

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street	ntain the words "Limited address of the principal	, , ,				
<u>Princi</u>	pal Office Address:		Mailing Address:			
Davie, FL 33331 United States		Da Un	978 SW 51st St vie, FL 33331 ited States			
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida stree	ny cannot serve as its own active Florida registrati	n Registered Agent. on.)		dual or	18 MAR	-
	Carlos De Da OZ	Name			6	e in the second of
	14978 SW 51st St,					ř
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)		نَ	-
	Davie	FL	33331	77 24	<u></u>	
	City	State	Zip		_	
Having been named as registerea place designated in this certificate further agree to comply with the p am familiar with and accept the a	e. I hereby accept the apportions of all statutes to beligations of my position of my position.	pointment as registed relating to the prope	red agent and agree to act in the rand complete performance of as provided for in Chapter 605	is capacity. I my duties, and	I	

	Title: "AMBR" = Authorized	i Member	Name and Address:		
	"MGR" = Manager MGR		Carles Do La II-		
	WUK	_	Carlos De La Uz 14978 SW 51st St, Davie FL, 33331		
			United States		
		-			
				<u> </u>	
			to the second se	MAR	
			The state of the s		
	· · · · · · · · · · · · · · · · · · ·	-	5. P	9	774
				-	£ ;
				)22> 	
		_		ŕο	
				£	
				G	
	(Use attachment if nece	essary)			
		. 33cm J ,			
\ PTIC	IFV: Effective data if	• .	Eng. (OPTIONAL)		
If an ei he date <u>Note:</u>	fective date is listed, the of filing.) If the date inserted in this	other than the date of fit date must be specific sblock does not meet	ling: (OPTIONAL)  c and cannot be more than five business days prior to or 9  the applicable statutory filing requirements, this date will no		
If an ei he date <u>Note:</u>	fective date is listed, the of filing.)	other than the date of fit date must be specific sblock does not meet	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no		
If an et he date Note: the doc	fective date is listed, the of filing.) If the date inserted in this	other than the date of fit date must be specific s block does not meet to the Department of St	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no		
If an ei he date Note: the doc	Sective date is listed, the of filing.) If the date inserted in this ument's effective date or	other than the date of fit date must be specific s block does not meet to the Department of St	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no		
If an et he date Note: the doc	Sective date is listed, the of filing.) If the date inserted in this ument's effective date or	other than the date of fit date must be specific s block does not meet to the Department of St	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no		
If an el he date Note: the doc	Sective date is listed, the of filing.) If the date inserted in this ument's effective date or	other than the date of fixe date must be specified as block does not meet in the Department of Starting.	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no		
If an el he date Note: the doc	fective date is listed, the of filing.) If the date inserted in this ument's effective date or LE VI: Other provisions,  REOUIRED SIGNAT  S This do I am av	other than the date of fixed date must be specified as block does not meet in the Department of Strain if any.  TURE:  Signature of a member of summent is executed in ware that any false into	c and cannot be more than five business days prior to or 9 the applicable statutory filing requirements, this date will no	t be list	
If an et he date Note: the doc	fective date is listed, the of filing.)  If the date inserted in this ument's effective date or LE VI: Other provisions,  REQUIRED SIGNAT  S This de I am ay constitute the or the state of	other than the date of fixed date must be specified as block does not meet in the Department of Strain if any.  TURE:  Signature of a member of summent is executed in ware that any false into	the applicable statutory filing requirements, this date will not tate's records.  er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State	t be list	

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)