

L19000142037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

On 5/6/19 client said the  
wrong address was entered.  
Correction made -JD

Office Use Only

J DENNIS

JUN 06 2019



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19 APR 30 AM 0:34  
OFFICE OF THE CLERK  
STATE OF CONNECTICUT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 30 AM 8:34

May 9, 2019

EDGAR BRYANT  
120 NW 25ST  
MIAMI, FL 33127 US

SUBJECT: CULTURAL DEVELOPMENT MARKETING AND MANAGEMENT  
LLC  
Ref. Number: W19000045576

We have received your document for CULTURAL DEVELOPMENT MARKETING AND MANAGEMENT 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Jalesa S Dennis  
Regulatory Specialist II

Letter Number: 819A00009382

COVER LETTER

TO: New Filing Section  
Division of Corporations

RECEIVED  
DIVISION OF CORPORATIONS  
19 APR 30 AM 8:36

SUBJECT: Cultural Development Marketing and Management  
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:

Edgar Bryant  
Name of Person

Cultural Development Marketing and Management  
Firm/Company

1022 Bay Dr. #3  
Address

Miami Beach, FL 33141  
City/State and Zip Code

buckbryant1.cb@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar Bryant at ( 786 ) 291-3304  
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:

Cultural Development Marketing and Management  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

DIVISION OF REVENUE  
19 APR 30 AM 8:34  
LLC: 34

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1022 Bay DRIVE  
miami Beach, FL 33141

Mailing Address:

120 NW 25th ST  
MIAMI, FL  
33127

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:

Lisa Turner  
Name  
560 Peterson Pl.  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando, FL 32805  
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..

Lisa Turner  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

\_\_\_\_\_

AMBR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Edgar Bryant  
120 NW 25th  
Miami, FL 33127

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

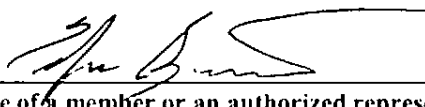
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

EDGAR BRYANT  
\_\_\_\_\_  
Typed or printed name of signer

**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)