### Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000288205 3)))



H1900072882053ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Cor			2019
	Fax Number	: (850)617-6381	- CRE	3S (
From:			> = 1	٩
rı oui.	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	7555 7555	26
	Account Number	: I200 <del>000880</del> 19		٠.
	Phone	: (305)552-5973		PH
	Fax Number			<u> </u>
			• .	$\dot{\omega}$
		. r this business ontitu to be used for	future	5
Enter	the email address	s for this business entity to be used for	**	ထ
ลกเ	nual report maili	ngs. Enter only one email address please.		
	ail Address:			

### FLORIDA LIMITED LIABILITY CO. CMS GLOBAL INVESTMENTS, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu

Corporate Filing Menu

Help

N SAMS

, **5**,

09/26/2019

## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

CMS GLOBAL INVESTMENTS, LLC

**ARTICLE II - Address:** 

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

> 17427 NW 62ND. CT MIAMI, FL 33015

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

> SHEILA DONALDSON REGISTERED AGENT 17427 NW 62ND CT. HIALEAH, FL 33015

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

> CAROLYN DONALDSON AMBR 17427 NW 62 CT. MIAMI, FL. 33015

#### Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

# CAROLYN DONALDSON, PRESIDENT & CEO Typed or printed name of signee

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)

FILED
2019 SEP 26 PH 2: 28
SECRETARY OF THE