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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518) 229-8228
Fax Number : (302) 371-9850

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

jerry@diversifiedcorp.com

**FLORIDA LIMITED LIABILITY CO.
C&M SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FL
CORPORATIONS
COMMERCIAL
SERVICES

2020 FEB -4 PM 1:4 2020 FEB -4 AM 7:57

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2/3/2020

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&M SOLUTIONS, 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:

1708 CASEY KEY ROAD
NOKOMIS, FLORIDA 34275, US

SAME

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:

MICHAEL TURILLO

Name

1708 CASEY KEY ROAD

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

<u>NOKOMIS</u>	<u>FLORIDA</u>	<u>34275</u>
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..

/s/ MICHAEL TURILLO

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

CHARLES S. BROFMAN
28 OAK GROVE ROAD
BROOKFIELD, CT 06804

MGR

MICHAEL TURILLO
1708 CASEY KEY ROAD
NOKOMIS, FL 34275

AMBR

ARISEAN CAPITAL LTD
40 DEER PARK ROAD
KATONAH, NY 10536

AMBR

DISMAS ADVISORS LLC
1708 CASEY KEY ROAD
NOKOMIS, FL 34275

(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.

THE LLC TO THE FULLEST EXTENT PERMITTED UNDER THE FLORIDA STATUTES, SHALL INDEMNIFY ANY AND ALL PERSONS QUALIFIED TO BE INDEMNIFIED PURSUANT THERETO.

REQUIRED SIGNATURE:

15/MICHAEL TURILLO

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.

MICHAEL TURILLO, MANAGER

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)

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