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.

(((H20000277823 3)))



H200002776233ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (859)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO. CPMC LLC

Certificate of Status	0
Ccrtified Copy	1
Page Count	03
Estimated Charge	\$155.00

- ARTICLES OF ORGANIZATION FOR FLORIDALIMIT	DED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
CPMC L	-LC
(Must contain the words "Limited Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ited Liability Company is:
Principal Office Address:	Malling Address:
1590. Rose crans Ave Juile D325 Manhattan Beach, CA 90266	Sane
ARTICLE III - Registered Agent, Registered Office, & Registered A (The Limited Liability Company cannot serve as its own Registered Age another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Chayley Name	Brewer
3030 N. Pak	y Point Dr. # 150 A
Florida street address (P.O. Box NO	Pacceptable)
Lampa Fo	2 33607 = 2
Chy 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)

-	rized to manage and control the Limited Liability Company:
Title: "AMHR" - Authorized Member	Name and Address:
"MGR" = Manager MGP	Charles Frewer 1590, ROSCETIONS AVE # 0325
	Man hatton Beach, CA 90266
and the second s	
(Use attachment if necessary)	, ,
	8/12/20
RTICLE V: Effective date, if other than the date of	filing: O / D / OPTIONAL)
an effective date is listed, the date must be specif	filing: OPTIONAL) The first open control of the first open control op
an effective date is listed, the date must be specific date of filing.) <pre>ote: If the date inserted in this block does not mee</pre>	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specific date of filing.) <pre>ote: If the date inserted in this block does not mee</pre>	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
f an effective date is listed, the date must be specific date of filing.) [ote: If the date inserted in this block does not mee be document's effective date on the Department of S	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specific date of filing.) [ote: If the date inserted in this block does not mee to document's effective date on the Department of S	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specific date of filing.) [ote: If the date inserted in this block does not mee to document's effective date on the Department of Secretary: Other provisions, if any.	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specific date of filing.) [ote: If the date inserted in this block does not mee to document's effective date on the Department of S	thing: (OPTIONAL) The same cannot be more than five business days prior to or 90 days afte It the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be specific date of filing.) ote: If the date inserted in this block does not mee to document's effective date on the Department of STICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	the applicable statutory filing requirements, this date will not be listed State's records.
f an effective date is listed, the date must be specific date of filing.) [ote: If the date inserted in this block does not mee to document's effective date on the Department of SERTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed I am aware that any false in	figure of the statutory filing requirements, this date will not be listed State's records. State's records. Desiror 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
REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in	the applicable statutory filing requirements; this date will not be listed State's records. State's records. Per or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes.

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)