9/8/2020



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.

(((H20000310724 3)))



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 : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000145 Phone : (305)444-4994 Fax Number : (365)444-4977

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

Email Address:

FLORIDA LIMITED LIABILITY CO. **CB FILMORE LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFF SEP 0 9 2020

To:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CB FILMORE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE fi - Address:

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

Principal Office Address:	Mailing Address:
2259 SW 3rd AVE	SAME
STE 100	
MIAMI, FL 33129	

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:

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 jurther agree to comply with the provisions of all statestes 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..

Regulated Agest's Signopure (REQUIRED)

(CONTINUED)

20 SEP -8 PM 6: 57

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	GASTON CORRADI 2250 SW 3 AVENUE STE 100 MIAMI, FL 33129
AMBR	ASHLEY BOSCH 2250 SW 3 AVENUE STE 100 IAMI, FL 33129
• • •	
	and the state of t
(Use attachment if decessary) EV: Effective date, if other that	in the date of filing:
LE V: Effective date, if other that fective date is listed, the date m of filing.)	tust be specific and cannot be more than five business days prior to or 90 days a does not need the applicable statutury filing requirements, this date will not be list
LEV: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block of functive date on the De	tust be specific and cannot be more than five business days prior to or 90 days a does not need the applicable statutury filing requirements, this date will not be list
LEV: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block of functive date on the De	tust be specific and cannot be more than five business days prior to or 90 days a does not need the applicable statutory filing requirements, this date will not be list partment of State's records.
LEV: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block at ment's effective date on the Delle VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I am aware that	does not need the applicable statutory filing requirements, this date will not be list partment of State's records. re of a member or an authorized representative of a member. t is executed in accordance with section 605,0203 (1) (b). Florida Statutes, t any filise information submitted in a document to the Department of State's ind deprec feiony as provided for in s.817.155, F.S.
LEV: Effective date, if other that fective date is listed, the date in of filing.) If the date inserted in this block at ment's effective date on the Delle VI: Other provisions, if any. REOURED SIGNATURE: Signature This document I am aware that constitutes a the	does not need the applicable statutory filing requirements, this date will not be list partment of State's records. re of a member or an authorized representative of a member. t is executed in accordance with section 605,0203 (1) (b). Florida Statutes, t any filise information submitted in a document to the Department of State's ind deprec feiony as provided for in s.817.155, F.S.
LEV: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block at ment's effective date on the Delevit. Other provisions, if any. REQUIRED SIGNATURE: Signatur This document I am aware that constitutes a the	to of a member or an authorized representative of a member. It is executed in accordance with section 605,0203 (1) (b). Florida Statutes, it any thise information submitted in a document to the Department of State or printed time of signer from a support of the section of th