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F	Account Name : LAZARUS CORPORATE FILING SERVICE, IAC. Account Number : I20000000019 Phone : (305)572-5973 Fax Number : (305)675-5944	7 20
•••	nter the equal address for this business entity to be used for future annual report mailings. Enter only one unail uddress please.** Email Address:	2021 FEB 1 SELRE GA
ph. comments	FLORIDA LIMITED LIABILITY CO. CMD ANALYTICS LLC Certificate of Status 1 0 Certified Copy 0 Page Count 03 Estimated Charge \$130.00	S PH 4: 05
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The name and		_
<u> </u>	Poldo Kubin Napolifano 7 NW 121 St May, Coral Springs	
F1	33676 Coral springs	·
ARTICLE IV The name and Liability Com	title of each person authorized to manage and control the Limited	T. BURCH
<u> </u>	do Kubin NAPOliTONO (AMBR)	FEB 1 8 2021
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	Page 1	

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<u>:</u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: CM d ANALYTICS CC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	SEURL BART OF STATE TALLAHASSEE, FLORIDA	2021 FEB 15 PH 4: 05	
8259 NW 121ST WAY, CORD SPrings, FL	bility 330°	16.	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liab Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) LCOPOIDO RUDIN NAPOLITADO	iltry		-
ARTICLE IV The name and title of each name an	ngs	>	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Leopoldo Rubin NAPOLITANO (AMBR))		

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Required Signatures:

3052201440

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 berein 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.

Leopoldo Rubin HapoliTano
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)