

3/10/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L210000101634

Please print this page on the back cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000097833 3)))



H21000097833ABCO

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****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.
CM SOLUTIONS BY CLAUDIA LLC**

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

RECEIVED
2021 MAR 10 PM 4:10
FLORIDA DEPARTMENT OF STATE
COMMERCIAL SERVICES
FILED
2021 MAR 10 PM 3:51
3/10/21
[Signature]

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CM SOLUTIONS BY CLAUDIA 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:15090 S.W. 20TH STREET
DAVIE, FLORIDA 33326Mailing Address:15090 S.W. 20TH STREET
DAVIE, FLORIDA 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures:

(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:

CLAUDIA MORALES

Name

15090 S.W. 20TH STREET

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

DAVIE

FLORIDA

33326

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 FILED
 2021 MAR 10 PM 3:51
 FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CLAUDIA MORALES

15080 S.W. 20TH STREET

DAVIE, FLORIDA 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/10/21 (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.

REQUIRED SIGNATURE:

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.

CLAUDIA MORALES

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)

FILED
2021 MAR 10 PM 3:51
STATE
FLORIDA