## L21000148828

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
☐ P'CK-J	Y WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instruction	s to Filing Officer	

Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC	C
2330 CLARE DRIVE	,
TALLAHASSEE, FL 32309	
(850) 524-54372	
(850) 524-6243	1
	(OFFICE USE ONLY)
Business Name & Document Number, (if kno	wn):
1. CMC 1058, LLC	
Name	Document Number (if known)
_x Walk in	Will wait
Certified Copy Articles of Organization  X Certificate of Status	
A Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
X Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
OTHER - Corp	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Limited Partnership
Fictitious Name	Reinstatement
Statement of Authority	
A DOCTH ()	Trademark
APOSTIL () COUNTRY	Other
000	
	EXAMINER'S INITIALS:

## COVER LETTER

TO:	New Filing Section Division of Corporati	ons			
	CMC 1058, LLC.				
SUBJE	СТ:	Name of Lim	ited Liabil	ity Company	
The end	closed Articles of Organ	zation and fee(s) are	submitted	for filing.	
Please	return all correspondence	e concerning this mat	iter to the	following:	
	Keith Diamond				
			Name of	Person	
	Keith D. Diamond,	Р.A.			
			Firm/Co	mpany	
	3440 Hollywood Bl	vd, Suite 415			
			Addr	uss	<u></u> .
	Hollywood, Florida	33021			
			ty/State an	d Zip Code	
	keithdiamond2@aol. E-mail		or future a	innual report notificat	ion)
For furth	er information concernin			•	
	Keith Diamond	954		415-1966	
	Name of Pe		ea Code	Daytime Telephon	e Number
Enclose	d is a check for the follo	wing amount:			
□S125		30.00 Filing Fee & ificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr			Street Address	
	New Filing Se Division of Co			New Filing Section Di The Centre of Tallaha	
	P.O. Box 632	•		2415 N. Monroe Stre	
	Tallahassec, F	1, 32314		Tallahassee, Ft. 3230	3



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CNIC LOSS LLC			
CMC 1058 LLC	contain the words "Limited I	iability Company "	1 4 C "or "1 (C")
(111031	comant the words Enimed	ciaomiy company.	Litzer, of file.
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited I	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
701 WATERFO	RD WAY	701 V	VATERFORD WAY
Suite 490		Suite	490
Miami, Florida 3	33126	Miam	ni, Florida 33126
(The Limited Liability Com another business entity with	Agent, Registered Office, opany cannot serve as its own an active Florida registration reet address of the registered Keith D. Diamond, P.	Registered Agent. Y n.) agent are: A.	t's Signature: 'ou must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own n an active Florida registratio reet address of the registered Keith D. Diamond, P.	Registered Agent. Yn.) agent are: A. Name	
(The Limited Liability Com another business entity with	pany cannot serve as its own n an active Florida registratio reet address of the registered	Registered Ageni. Y n.) agent are: A. Name I, Suite 415	ou must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own n an active Florida registratio reet address of the registered Keith D. Diamond, P.	Registered Ageni. Y n.) agent are: A. Name I, Suite 415	ou must designate an individual or
(The Limited Liability Com another business entity with	pany cannot serve as its own n an active Florida registratio reet address of the registered Keith D. Diamond, P. 3440 Hollywood Blvd Florida street address	Registered Agent. Yn.) agent are: A. Nume 1, Suite 415 (P.O. Box NOT acc	ou must designate an individual or

*AMBR* = Manage:  MGR  Christopher Clement 701 WATERFORD WAY, Suite 490 Miami, Florida 33126  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:  citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.  EVI: Other provisions, if any.		Name and Address:
MGR  Christopher Clement 701 WATERFORD WAY, Suite 490 Miami, Florida 33126  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.  E.VI: Other provisions, if any.		er -
Wise attachment if necessary)  E.V: Effective date, if other than the date of filing:	"MGR" = Manager	
Use attachment if necessary)  EV: Effective date, if other than the date of filing:	MGR	Christopher Clements
Wise attachment if necessary)  E.V: Effective date, if other than the date of filing:	1	701 WATERFORD WAY, Suite 490
Use attachment if necessary)  EV: Effective date, if other than the date of filing:		Miami, Florida 33126
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:		
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	•	the date of filing: OPTIONAL)
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SIGNATURE.	V: Effective date, if other than tive date is listed, the date in filing.) he date inserted in this block dent's effective date on the Dep VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 days one not meet the applicable statutory filing requirements, this date will not be literatment of State's records.
MATTINE STORY ORE.	V: Effective date, if other than tive date is listed, the date in filing.) he date inserted in this block dent's effective date on the Dep VI: Other provisions, if any.	ist be specific and cannot be more than five business days prior to or 90 days one not meet the applicable statutory filing requirements, this date will not be literatment of State's records.
	V: Effective date, if other than tive date is listed, the date in filing.) he date inserted in this block dient's effective date on the Dep VI: Other provisions, if any.  EOUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be li- lartment of State's records.
Signature of a member or an authorized representative of a member.	V: Effective date, if other than titve date is listed, the date in filing.) he date inserted in this block dient's effective date on the Dep. VI: Other provisions, if any.  EOUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be ligartment of State's records.
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	V: Effective date, if other than tive date is listed, the date in filing.) he date inserted in this block disent's effective date on the Dep. VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature This document	oes not meet the applicable statutory filing requirements, this date will not be ligartment of State's records.
Signature of a member or an authorized representative of a member.	CV: Effective date, if other than effice date is listed, the date in filling.)  the date inserted in this block disent's effective date on the Dept. VI: Other provisions, if any.  EFOURED SIGNATURE:  Signature This document if am aware that	oes not meet the applicable statutory filing requirements, this date will not be ligartment of State's records.  of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.

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)

ARTICLE IV-