

L21000148828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

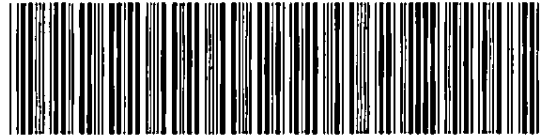
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700363608357

SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR -8 PM 12:32

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04/08/21--01002--001 **130.00



APR -7 PM 3:39

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. CMC 1058, LLC
Name

Document Number (if known)

Walk in

Will wait

Certified Copy Articles of Organization

Certificate of Status

NEW FILINGS

AMENDMENTS

Profit

Not for Profit

Limited Liability

Domestication

INC

OTHER - Corp

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Conversion

Merger

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

Annual Report

Fictitious Name

Statement of Authority

APOSTIL () _____

COUNTRY

Foreign Filing

Limited Partnership

Reinstatement

Trademark

Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CMC 1058, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Diamond
Name of Person
Keith D. Diamond, P.A.
Firm/Company
3440 Hollywood Blvd, Suite 415
Address
Hollywood, Florida 33021
City/State and Zip Code
keithdiamond2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Diamond 954 415-1966
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLE IV-

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

Title:

Name and Address:

AMBR = Authorized Member

MGR = Manager:

MGR

Christopher Clement
701 WATERFORD WAY, Suite 490
Miami, Florida 33126

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

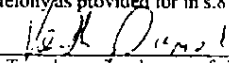
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.



Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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