

L 210000328579 ⁴¹

Florida Department of State
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.

((H21000267421 3))



H210002674213ABCZ

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 : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.
Account Number : I20170000034
Phone : (239)689-1096
Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Legal@your-advocates.org

FLORIDA LIMITED LIABILITY CO.
CARMEX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
CLERK OF COURT
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

21 JUL 19 PM 11:07

2021 JUL 19 PM 1:39

Date: 07/01/2021

To the Division of Corporations:

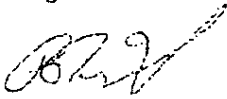
Reference: CARMEX, LLC Doc # L10000014135

Dear Department,

It has come to my attention that my company's annual report has not been filed and my company has been dissolved. As the owner of CARMEX, LLC I would like to at this time release my document number L10000014135

I am enclosing a new set of articles to be filed with the state. Thank you in advance with your help in this matter.

Regards:



PATRICK REID

OBO: CARMEX, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CARMEX, LLC

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:

KATHLEEN FLYNN

Name of Person

Firm/Company

1314 CAPE CORAL PKWY E, STE 208

Address

CAPE CORAL, FL 33904

City/State and Zip Code

KATHLEEN@PARADISEINTLTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHLEEN FLYNN 239 984-3404

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARMEX, 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:

1314 CAPE CORAL PARKWAY E STE 208
CAPE CORAL, FL 33904

Mailing Address:

1314 CAPE CORAL PKWY E STE 208
CAPE CORAL, FL 33904

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:

KATHLEEN FLYNN

Name

1314 CAPE CORAL PKWY E, STE 208

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

<u>CAPE CORAL</u>	<u>FL</u>	<u>33904</u>
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.

Kathleen Flynn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

AMBR

CHRISTIAN WITTE
RIESLING STRASSE 25
ELTVILLE, GERMANY 65345

(Use attachment if necessary)

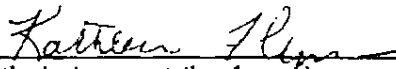
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

KATHLEEN FLYNN

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)