pq 1 of 4

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.

**Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC Account Number : 120170000097

Phone : (727)279-5037 Fax Number : (727)888-1294

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

ctmservice@gmail.com Email Address:

### FLORIDA LIMITED LIABILITY CO. CTM Service US, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help



### **COVER LETTER**

Tuesday, July 27, 2021

To: New Filing Section
Division of Corporation

# Subject: CTM SERVICE US, 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:

**FL Patel Law PLLC** 

360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Jamie Primeau 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

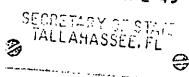
FILED

#### ARTICLES OF ORGANIZATION

2021 JUL 30 PM 2: 49

**FOR** 

CTM SERVICE US, LLC



#### A FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. Name

The name of the Limited Liability Company is: CTM Service US, LLC (the "Company").

## ARTICLE II. Address

The principal office of the Company is:

3246 North Miami Ave #1020 Miami, Florida 33137

The mailing address of the Company is:

PO Box 371020 Miami, FL 33137

## ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Claudia Marroquin 3246 North Miami Ave #1020 Miami, Florida 33137

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.

 184 M	(sign)
Claudia Marroquin	

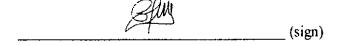
# ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address	
AMBR = Authorized Member MGR = Manager		
MGR	Claudia Marroquin 3246 North Miami Ave #1020 Miami, Florida 33137	

### ARTICLE V.

The Effective date shall be the date of filing.



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 Marroquin	<u>(7) 1</u>
Authorized Representative/Member	SECRETARIASSEC. FL