

L21000347799

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.

((H21000290361 3)))



H210002903613ABCV

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 : 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.****

Email Address: ctmservice@gmail.com

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

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



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
8th 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

2021 JUL 30 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION

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.



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

ARTICLE V.

The Effective date shall be the date of filing.


_____ (sign)

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
Authorized Representative/Member

FILED
2021 JUL 30 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL