

3/30/22, 3:16 PM

Division of Corporations

**L22000116945781**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(shown below) on the top and bottom of all pages of the document.**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

**Email Address:** \_\_\_\_\_**FLORIDA LIMITED LIABILITY CO.****CMM Rentals, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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DIVISION OF CORPORATIONS  
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CORPORATE SERVICES

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## COVER LETTER

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

CMM Rentals, LLC  
SUBJECT: \_\_\_\_\_  
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:

Stephen Sellstrom

\_\_\_\_\_  
Name of Person

Sellstrom Law Firm, LLP

\_\_\_\_\_  
Firm/Company

PO Box 50

\_\_\_\_\_  
Address

Jamestown, NY 14702-0050

\_\_\_\_\_  
City/State and Zip Code

camym@shuilsauto.com

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

For further information concerning this matter, please call:

Stephen Sellstrom	716	4847191
_____ Name of Person	at (_____)	Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input 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 checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CMM Rentals, 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:

22495 Blanchard Avenue  
Port Charlotte, FL 33952

Mailing Address:

11591 Hotchkiss Road  
Randolph, NY 14772

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Corporate Creations Network Inc.

Name

801 US Highway 1

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

North Palm Beach, FL 33408

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..*

Nicholas Nichols

Nicholas Nichols, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA DEPARTMENT OF STATE  
REGISTRATION OF CORPORATIONS  
1010 BRICKELL AVENUE  
SUITE 100  
MIAAMI, FL 33131

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

AMBR**Name and Address:**

Carmella M. Mason  
11591 Hotchkiss Road  
Randolph, NY 14772

AMBR

Nathan G. Mason  
11591 Hotchkiss Road  
Randolph, NY 14772

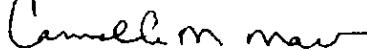
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1, 2022 (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.

Carmella M. Mason

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)

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THE STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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