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.

Division of Corporations

(((H22000119622 3)))



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To:

4/1/22Apr. 19. 2023 12:49PM

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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. CHM DEVELOPMENT, LLC

Certificate of Status 0 0 Certified Copy Page Count 02 Estimated Charge \$125.00

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Corporate Filing Menu

Help

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The name of the Limite	d Liability Company	is
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CHM DEVELOPMENT, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.").

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

 234 NE 3RD STREET
 234 NE 3RD STREET

 APARTMENT 1102
 APARTMENT 1102

 MIAMI, FL 33132
 MIAMI, FL 33132

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:

JOHN J. OBANDO

Name

234 NE 3RD STREET, APARTMENT 1102

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

MIAMI

FLORIDA

33132

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PILED
2021 APR 19 AM 9: 22
WISH OF CORPORATION
WISH OF CORPORATION

(H22000119622 3)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	JOHN J. OBANDO 234 NE 3RD STREET, APARTMENT 1102 MIAMI, FLORIDA 33132
MGR	MARTHA AYALA 234 NE 3RD STREET, APARTMENT 1102 MIAMI, FLORIDA 33132
AMBR	CARLOS HORACIO MACERI 16699 COLLINS AVENUE, APARTMENT 1810 SUNNY ISLES BEACH, FLORIDA 33160
(Use attachment if necessary)	
effective date is listed, the date m to of filing)	ust be specific and cannot be more than five business days prior to or 90 days after loss not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
	•
CLE VI: Other provisions, if any.	

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.

JOHN J. ORLANDO

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)

