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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

office@effatinaccounting.com Email Address:_

FLORIDA LIMITED LIABILITY CO. **CM INVERSIONES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

	Sew Filing Section Division of Corporations		
SUBJECT	CM INVERSIONES LLC		
-94/100 FAX. 1		ited Liability Company	
The enclos	sed Articles of Organization and fec(s) are	submitted for filing.	
Please rett	urn all correspondence concerning this mat	ter to the following:	
	DIEGO FIGUEROA		
		Name of Person	
	E & F LATIN GROUP LLC		
	·	Firm/Company	
	1820 N CORPORATE LAKES BLVD	SUITE 109	
	· · · · · · · · · · · · · · · · · · ·	Address	
	WESTON FL 33326		
	Ci DIEGO@EFLATINACCOUNTING.CO	ty/State and Zip Code M	
	E-mail address: (to be used	for future annual report notificati	on)
or further	information concerning this matter, please	call:	
	DIEGO FIGUEROA 956	384 8565	
	Name of Person Ar	ca Code Daytime Telephone	e Number
Enclosed i	is a check for the following amount:		
□\$125 .00	0 Filing Fee ≥ \$130.00 Filing Fee & Certificate of Status	LI\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	US160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassec, F1, 3230	issee ct. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RI	ΓIC	'1	.E.I	-	Nu	me:

The name of the Limited Liability Company is:

CM INVERSIONES 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:

		~~~	
Prin	CIDE	{ }}†1159	Address:

Mailing Address:

1820 N CORPORATE LAKES BLVD	1820 N CORPORATE LAKES BLVD
SUITE 109	SUITE 109
WESTON FL 33326	WESTON FL 33326

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

E O ELATIN CROURITA

(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:

E&FLATIN GROU	JP LLC	
	Name	
1820 N CORPORAT	E LAKES BLVD SUT	TE 109
Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable)
WESTON	FLÓRIDA	33326
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)

2022 AFR 28 MH 4: 35

ARTICLE IV-

OLDING S.A.S. CORPORATE LAKI N FL 33332		
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