

Division of Corporations Electronic Filing Cover Sheet

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

From:

Account Number	:	
Phone	:	(305)552-5973
Fax Number	:	(305)675-5944

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

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FLORIDA LIMITED LIABILITY CO. CM SERVICES USA, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Mustend with the words "Limited Liability Company, 7420-756 (1907)

CH Services USA, LLC

ARTICLE U - Address:

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

- 14266 SW 182 Terr 41:0m1, FL 33177.

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its nam Registered Agent. You must designate an individual or another business entity unto an active Florida registration.)

ARTICLE IV-

The name and title of each person authorized to manage and control the Lim ted Liability Company:

Clara Modrid (AHBR)

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Required Signatures:

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Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here n are true. 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 \$.817.155, F.S.

Clarce Modified Typed or printed name of signee

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.,

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Registered Agent's Signature'(REQUIRED)

2022 AU 29 AT 7:0

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