

Oct 20, 2023 2:59PM

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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Account Number : I20190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

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

Email Address: cminterstellarservices@gmail.com

FLORIDA LIMITED LIABILITY CO.  
CM InterStellar Services LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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TALLAHASSEE, FL

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T. MATTHEWS

OCT 23 2023

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

CM InterStellar Services LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:5375 NW 159 STSameUnit 5126Miami Lakes FL 33014

## 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:

CYNTHIA MENDEZ

Name

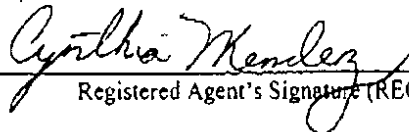
5375 NW 159 ST UNIT 5126Florida street address (P.O. Box **NOT** acceptable)MIAMI LAKES,FL33014

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

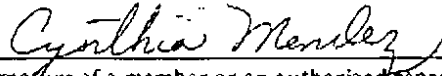
"MGR" = Manager

**Name and Address:**MGRCYNTHIA MENDEZ5375 NW 159 ST UNIT 5126Miami Lakes FL 33014\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.Any and all lawful business**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.CYNTHIA MENDEZ

Typed or printed name of signer