

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : I20050000118 Phone : (305)774-9606

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### FLORIDA LIMITED LIABILITY CO. CMBS CONTRACTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF CMBS CONTRACTORS, LLC

#### **ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

CMBS CONTRACTORS, LLC

#### **ARTICLE II - ADDRESS:**

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

PRINCIPAL ADDRESS:

16452 Segovia Cir N

Fort Lauderdale, FL 33331

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

The Registered Agent designated is: Carlos Manuel Barrios-Sarmiento

Carlos Manuel Barrios-Sarmiento 16452 Segovia Cir N

Fort Lauderdale, FL 33331

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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#### ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS

**MGR** 

Carlos Manuel Barrios-Sarmiento

16452 Segovia Cir N

Fort Lauderdale, FL 33331

Carlos Manuel Barrios-Sarmiento

Manager

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(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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