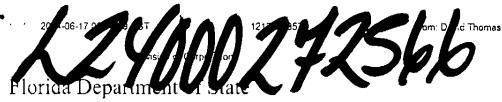
Page: 2 of 4

6/17/24, 10:11 AM



Division of Corporations Electronic Filing Cover Sheet

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

ap@csgfirst.com

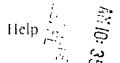
Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

CMC Integrity Development Partners and Bates Management LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu Corporate Filing Menu





## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.

The name of the Limited Liability Company is:

CMC Integrity Development Partners and Bates Management, 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:

| Principal Office Address. | Mailing Address      |  |
|---------------------------|----------------------|--|
| 915 Chestnut St           | 915 Chestnut St      |  |
| Clearwater, FL 33756      | Clearwater, FL 33756 |  |

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.

| CT Corporation Sys    | iem                        |          |
|-----------------------|----------------------------|----------|
|                       | Name                       |          |
| 1200 S. Pine Island   | Road, #250                 |          |
| Florida street addres | s (P.O. Box <u>NOT</u> acc | eptable) |
| Plantation            | Florida                    | 33324    |
| City                  | State                      | Zip      |

Having been named as registered agent and to accept service of process for the above stated limited hability 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..

Sandra Zwijack Sandra Zwijack, Assistant Secretary
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:  | Name and Address   |
|---|--|
| "AMBR" = Authorized Member                    |  |
| "MGR" = Manager                               |  |
| MGR   | Keith Gloeckl  |
|   | 915 Chestnut St<br>Clearwater, FL 33756  |
|   | Cichinglici, Fib 33 750  |
| AMBR  | Devin Sanderson  |
|   | 915 Chestnut St  |
|   | Clearwater, FL 33756   |
|   |  |
| AMBR  | Vern Landeck   |
|   | 915 Chestnut St<br>Clearwater, FL 33756  |
|   | <u></u>  |
| AMBR  | Christing Thornton   |
| 7.1.1.2.1                                     | 915 Chestnut St<br>Clearwater, FL 33756  |
|   | Clearwater, FL 33756   |
|   |  |
| (Use attachment if necessary)                 |  |
| ARTICLE V. Effective date, if other than th   | e date of filing: 06/14/2024 (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.)                          |  |
|   | not meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Depart   | tment of State's (ecords.  |
| ARTICLE VI. Other provisions, if any,         |  |
|   |  |
|   |  |
|   |  |
| REQUIRED SIGNATUR                             |  |
| $\rho$  | hustin H Thereton  |
|   | f a member or an authorized representative of a member.                                |
|   | executed in accordance with section 605.0203 (1) (b), Florida Statutes                 |
|   | y false information submitted in a document to the Department of State                 |

Christina Thornton
Typed or printed name of signee

## Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in \$ 817.155, F.S.

- \$ 30 00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)