

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L24000299200**

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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.\*\***

Email Address: ap@csqfirst.com

**FLORIDA LIMITED LIABILITY CO.**

**CMC Summit Housing Group, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CMC Summit Housing Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Keith Gloeckl  
Name of Person  
Chartwell Financial LLC  
Firm/Company  
915 Chestnut St  
Address  
Clearwater, FL 33756  
City/State and Zip Code  
ap@esgfirst.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vern Landeck 727 228-9856  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- ☐ \$125.00 Filing Fee ☐ \$150.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CMC Summit Housing Group, 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:**915 Chestnut StClearwater, FL 33756**Mailing Address:**915 Chestnut StClearwater, 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 System

Name

1200 S. Pine Island Road, #250Florida street address (P.O. Box **NOT** acceptable)PlantationFlorida33324

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.*

David Westcott

David Westcott, 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:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Keith Gloeckl 915 Chestnut St Clearwater, FL 33756
AMBR	Devin Sanderson 915 Chestnut St Clearwater, FL 33756
AMBR	Vern Landeck 915 Chestnut St Clearwater, FL 33756
AMBR	Christina H. Thornton 915 Chestnut St Clearwater, FL 33756

(Use attachment if necessary)

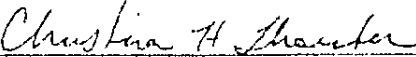
**ARTICLE V:** Effective date, if other than the date of filing: 07/05/2024 (OPTIONAL)

(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.)

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

**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.

Christina H. Thornton

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)