

L24000423672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

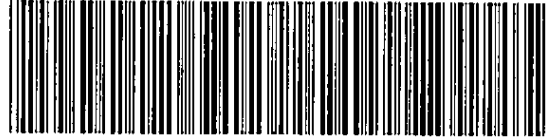
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Certified Copies _____

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Office Use Only



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STATE
TALLAHASSEE, FL

RECEIVED

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STATE
TALLAHASSEE, FL
FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Big Bird CM Enterprises LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerry R Collado
Name of Person
CMP International Business Consulting Group Inc
Firm/Company
11401 SW 40th St , Suite 470
Address
Miami , Florida , 33165
City/State and Zip Code
Jcollado@cmpinternational.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry R. Collado 7865 5385169
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 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:

CMP Title & Escrow Services North Florida 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:

11401 SW 40th St

Suite 470

Miami, FL, 33165

Mailing Address:

11401 SW 40th St

Suite 470

Miami, FL, 33165

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:

Jerry R. Collado

Name

11401 SW 40th St, Suite 470

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

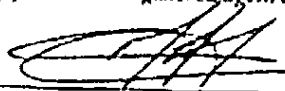
33165

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)

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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:

AMBR

Jerry R Collado
11401 SW 40th St., Suite 470
Miami, FL, 33165

AMBR

Karla V De La Cruz
2549 Albany Ave
Deltona, FL, 32738

AMBR

Nicholas Brynn Babut
438 Marshall St
Brooklyn, MI, 49230

AMBR

Jacob Stephen Schmittling
8431 Orient Way NE
St Petersburg, FL, 33702

(Use attachment if necessary)

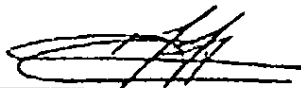
ARTICLE V: Effective date, if other than the date of filing: 10/01/2024 (OPTIONAL)

(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.

Jerry R Collado

Typed or printed name of signee

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)

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