(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
☐ PICK-UP ☐ WAIT . ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filip Officer UNT
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EXAMINER
EXAMINITE: 1

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COVER LETTER

TO:

Registration Section

Divisio	on of Corporations						
SUBJECT:	IRIECT. CORPORATE MANAGEMENT GROUP LTD., LLC						
	Name of Limited Liability Company						
	Application by Foreign Limited Liab check are submitted to register the ab						
Please return all	correspondence concerning this ma	tter to the following:					
	MEGHAN McSHANE-DAV	IS, ESQ.		2812			
	Name of Person						
	- T						
	Firm/Company						
	836 N. HIGHLAND AVE		COR	_ လ်၊ 👝			
		Address	7:4	0			
	ORLANDO, FLORIDA 3	2803					
	MEGHAN@MCSHANEL	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)							
For further infor	mation concerning this matter, pleas	e call:					
MEG	SHAN McSHANE-DAVIS, ESQ.	at (407)	648-1500				
	Name of Person	Area Code & Daytime Tele	ephone Number				
	ING ADDRESS: n of Corporations	STREET ADDRESS: Division of Corporations					
	ation Section	Registration Section					
P.O. Bo Tallaha	ox 6327 ssee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a	check for the following amour	nt:					
	Filing Fee \$130.00 Filing Fee Certificate of State	& \$\Bigcip\$155.00 Filing Fee &	\$160.00 Filing Fee, Certification of Status & Certified Copy	ate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	CORPORATE MANAGEMENT GROUP LTD., LLC
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	OHIO 3. 27-0776787
•	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	AUGUST 12, 2009 5. PERPETUAL
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	·
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 129 W. CHURCH ST.
7.	129 W. CHURCH ST.
	ORLANDO, FLORIDA 32801
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	ROBERT T. GEORGE
	18605 DETROIT AVE.
	LAKEWOOD, OHIO 44107
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL
	BUSINESS.
	Marchill Jobo member
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
	MEGHAN McSHANE-DAVIS

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of th	e Limited Liability Compa	iny is:			
CORPORATE M	ANAGEMENT GROUP LTD.	, LLC			
If unavailable, the	alternate to be used in the	state of Florida is:			
2. The name and t	he Florida street address o	f the registered age	nt and office are:	2012 NO.07	
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_	ఈ <u>2</u> 1	manataria parina da s			
	836 N. HIGHLAND AVE.				
				RRIE I.O	
	ORLANDO	FL	32803	···	
		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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

for MShave & MShave Law Fray, PA

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CORPORATE MANAGEMENT GROUP LTD., an Ohio For Profit Limited Liability Company, Registration No. 1876143, was organized within the State of Ohio on August 12, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of October, A.D. 2012.

Ohio Secretary of State

Validation Number: 201229901031