

M14000009062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

DEC 18 2014

144



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2014

SUNSHINE CORPORATE & FILING SERVICES

SUBJECT: CMB2, LLC  
Ref. Number: W14000075228

*Refile*

We have received your document for CMB2, LLC and your check(s) totaling \$310.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00026773

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE  
TALLAHASSEE, FLORIDA 32312  
(850) 656-4724  
TOLL FREE: 844-541-6792

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## COVER LETTER

WALK IN

ENTITY NAME: CMB2, LLC

CK # 1451

AMOUNT: 155<sup>00</sup> (total ck 310<sup>00</sup>)

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR  
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **CMB2, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Maryland**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-5088214**

(FEI number, if applicable)

4. **Upon Filing**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1007 North Federal Highway, F5**

**Fort Lauderdale, FL 33305**

(Street Address of Principal Office)

6. **1007 North Federal Highway, F5**

**Fort Lauderdale, FL 33305**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Jeffrey Duke, Member**

**1007 North Federal Highway, F5**

**Fort Lauderdale, FL 33305**

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

**Jeffrey C. Duke**

Typed or printed name of signee

14 DEC 17 PM 9:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 the Limited Liability Company is:

**CMB2, LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Jeffrey C. Duke**

(Name)

**1007 North Federal Highway, F5**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Fort Lauderdale**

**FL**

**33305**

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, Florida Statutes.*



(Signature)

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

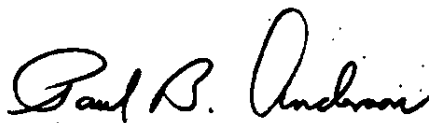
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14 DEC 17 PM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CMB2, LLC, REGISTERED MARCH 14, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 20, 2014.



Paul B. Anderson  
Charter Division

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14 DEC 17 PM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



301 West Preston Street, Baltimore, Maryland 21201  
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice  
Fax (410) 333-7097