

M15000002517  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SCHWARTZ LAW FIRM P.C.  
Account Number : I20130000075  
Phone : (248)553-9400  
Fax Number : (248)553-7944

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: mhuff@schwartzlawfirmpc.com

Foreign Limited Liability Company  
Commercial Management Services Online, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

15 APR -7 AM 10:00

Division of Corporations  
Electronic Filing System

APR 08 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Commercial Management Services Online, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Joseph Lizotte**

Name of Person

**Commercial Management Services Online, LLC**

Firm/Company

**c/o 8721 Santa Monica Boulevard, Unit 713**

Address

**Los Angeles, California 90069**

City/State and Zip Code

*mhuff@schwartzlawfirmpa.com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael J. Huff, Esq.** at **248** **553-9400**

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

TO: JENNA D. HARRIS  
From: Shwartz Law Firm  
DATE: 4/7/15



April 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SCHWARTZ LAW FIRM P.C.

SUBJECT: COMMERCIAL MANAGEMENT SERVICES ONLINE, LLC  
REF: W15000023817

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H15000084788  
Letter Number: 015A00006843

REC-11  
15 APR -7 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
INFORMATION SERVICES

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2015 APR -7 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**1. Commercial Management Services Online, 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. Michigan**

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

**3. 47-3597405**

(FEI number, if applicable)

**4.**

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

**5.**

**1200 South Pine Island Road, Plantation, Florida 33324**

(Street Address of Principal Office)

**6.**

**8721 Santa Monica Boulevard, Unit 713, Los Angeles, CA 90069**

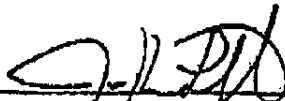
(Mailing Address)

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

**Joseph Lizotte, 8721 Santa Monica Boulevard, Unit 713, Los Angeles, CA 90069**

**MANAGER**

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.)

**JOSEPH LIZOTTE**

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

**Commercial Management Services Online, 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:

**NRAI Services, Inc.**

(Name)

**1200 South Pine Island Road**

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

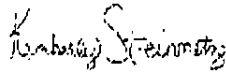
Plantation,

33324

FL

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.*



Kimberly Steinmetz, VP & Assistant Secretary  
NRAI Services, Inc.

(Signature)

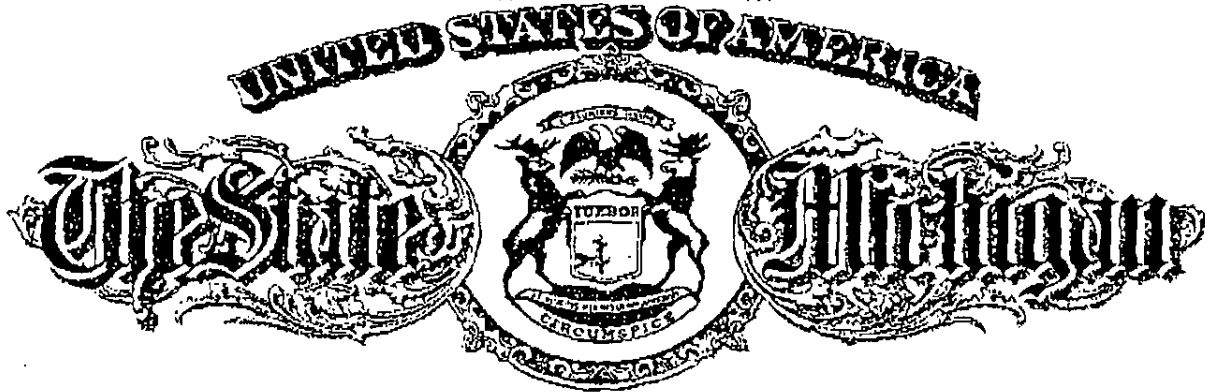
- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

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TALLAHASSEE, FLORIDA

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**Department of Licensing and Regulatory Affairs**  
Lansing, Michigan

*This is to Certify That*

**COMMERCIAL MANAGEMENT SERVICES ONLINE, LLC**

*was validly organized on January 29, 2015 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
1296359

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 3rd day of March, 2015*

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau

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