

MAR/15/2016 MON 10:45 AM

Division of Corporations

File No.

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H16000002125

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : 120030000112
Phone : (239) 552-4100
Fax Number : (239) 649-0158

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

Email Address: TLH@SWBCL.com

Foreign Limited Liability Company
CMG NEVADA LENDING PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04 5
Estimated Charge	\$902.50

MAR 15 2016

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FAX No. P.002
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March 14, 2016

FLORIDA DEPARTMENT OF STATE

SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Division of Corporations

SUBJECT: CMG NEVADA LENDING PARTNERS, LLC
REF: W16000018794

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

NAME ON THE CERTIFICATE MUST MATCH WITH THE NAME YOU ARE TRYING TO FILE,

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.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H16000063494
Letter Number: S16A00005167

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

MAR/14/2016/MON 10:47 AM

FAX No.

P. 003

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMG NEVADA LENDING PARTNERS, 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:

C. LANE WOOD, ESQ.

Name of Person

SALVATORI, WOOD & BUCKEL, P.L.

Firm/Company

9132 STRADA PLACE, FOURTH FLOOR

Address

NAPLES, FL 34108

City/State and Zip Code

JLH@SWBCL.COM

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

For further information concerning this matter, please call:

C. LANE WOOD

239

552-4100

Name of Contact Person

at ()

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

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. CMG PARTNERS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CMG NEVADA LENDING PARTNERS, 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. NEVADA 3. 37-1750322
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January 31, 2014
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1016 COLLIER CENTER WAY, SUITE 200
NAPLES, FL 34110
(Street Address of Principal Office)
6. 1016 COLLIER CENTER WAY, SUITE 200
NAPLES, FL 34110
(Mailing Address)

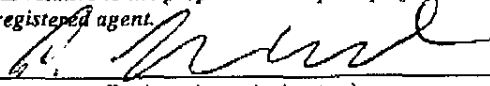
7. Name and
- street address
- of Florida registered agent: (P.O. Box
- NOT
- acceptable)

Name: SALVATORI, WOOD & BUCKEL, P.L.

Office Address: 9132 STRADA PLACE, FOURTH FLOOR
NAPLES, Florida 34108
(City) (Zip code)

Registered agent's acceptance:

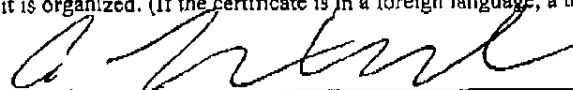
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
- RICHARD L. MITCHELL, AMBR, 1016 COLLIER CENTER WAY, SUITE 200, NAPLES FL 34110
- ROBERT D. WHITE, AMBR, 1016 COLLIER CENTER WAY, SUITE 200, NAPLES FL 34110

9. Attached is a 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. (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

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.

C. LANE WOOD

Typed or printed name of signee

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16 MAR 14 AM 9:20

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SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CMG PARTNERS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 29, 2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 11, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20160311-0111
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

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