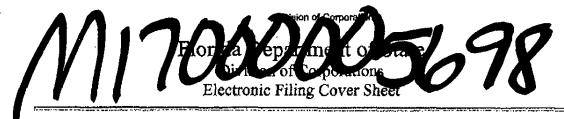
8/29/2017



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Division of Corporations

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Account Name : US TAX CONSULTING INC

Account Number : 120160000060 Phone

: (407)674-8969

Fax Number

: (407)674-8970

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JUL 0 6 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CMG ENTERPRISE & SERVICES LLC

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

Please return all correspondence concerning this matter to the following:

Name of Person: DANILO SANTANA

Firm/Company: US TAX CONSULTING INC

Address: 5401 S. KIRKMAN RD STE 135

City/State and Zip Code: ORLANDO, FL, 32819

support@ustaxconsulting.net

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

For further information concerning this matter, please call:

DANILO SANTANA

Name Person

(407) 674-8969 Phone Number

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2661 STREET/COURIER ADDRESS:

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

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ome imposibilité éxiter allemente o	ame adopted for the purpose of transacting business in Florida	The alternate name must include "Limited	Hability Company "" I C " or "I I C"
DELAWARE	and any had to have a hard of a series of	3. 35-2553302	castaly company, basic, or buc.)
	tich foreign limited hability company is organized)		umber, if applicable)
07/01/0017			
07/01/2017	(Date first transacted becomes in Florida, if prior to was	istration)	
	(Date first treasuretted treasuress in Florida, if prior to reg (San sections 605.0904 & 605.0905, F.S. to determine		
5. 5401 S KIRKMAN RD (Street Address of Principal Office)		6. 5401 S KIRKMAN RD	
STE 135	Principal Office)	(Mailing /	Address)
			,
ORLANDO, FL 32819	<u> </u>	ORLANDO, FL 32819	<u> </u>
Name and street addres	US TAX CONSULTING INC 5401 S KIRKMAN RD STE 135 ORLANDO (Cry) Stance: Egistered agent and to accept service of praction. I hereby accept the appointment as a	NOT acceptable)	HOISIN (
Name:	US TAX CONSULTING INC	\~ \	³ F 3
Office Address	540) S KIRKMAN RD STE 135		CQ: Z
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	ORLANDO	, Florida 32819	§ 9
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	s of my position as registered agent.	Descre)	· .
The name, title or cap	s of my position as registered agent. (Red bared penal sugarity and address of the person(s) who has/	have authority to manage is/are	· · · · · · · · · · · · · · · · · · ·
The name, title or cap	(Reported points up acity and address of the person(s) who has/	have authority to manage is/are	
The name, title or caps Title or Capacity: AMBR	(Relisted pents agent. (Relis	have authority to manage is/are	
The name, title or cap	(Relistred ren's signature and address of the person(s) who has Name and Address: Catharina M Gramiscelli Rua Wilson Gramiscelli 100 contagem MG 32113-1300 BR Julia G Cerqueira	have authority to manage is/are	· · · · · · · · · · · · · · · · · · ·
The name, title or caps Title or Capacity: AMBR	(Relisted pents agent. (Relis	have authority to manage is/are	· · · · · · · · · · · · · · · · · · ·
The name, title or cap: Title or Capacity: AMBR	(Referred means active and address of the person(s) who has been and Address: Catharina M Gramiscelli Rua Wilson Gramiscelli 100 contagem MG 32113-1300 BR Julia G Corqueira Rua Wilson Gramiscelli 100 Contagem MG 32113-300 BR	have authority to manage is/are	· · · · · · · · · · · · · · · · · · ·
The name, title or cap: Title or Capacity: AMBR AMBR	(Referred mon's use acity and address of the person(s) who has been and Address: Catharina M Gramiscelli Rua Wilson Gramiscelli 100 contagem MG 32113-1300 BR Julia G Cerqueira Rua Wilson Gramiscelli 100 Contagem MG 32113-300 BR	have authority to manage is/arc Title or Capacity:	Name and Address:
The name, title or cap: Title or Capacity: AMBR AMBR Use attachments if necessariance attached is a certificate	Rua Wilson Grasmiscelli 100 Contagem MG 32113-300 BR Julia G Cerqueira Rua Wilson Grasmiscelli 100 Contagem MG 32113-300 BR sary) e of existence, no more than 90 days old, drof which it is organized. (If the certificate	have authority to manage is/arc Title or Capacity:	Name and Address: Name and Address:

Typed or printed name of signer

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CMG ENTERPRISE & SERVICES LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTR DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMG ENTERPRISE & SERVICES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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5967343 8300 SR# 20175086058

Authentication: 202827676

Date: 07-05-17