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COVER LETTER

TO:	Registration Section Division of Corporati	ons				
SUBJE	CMT Holdings, L	LC				
SOBJE		Name o	f Limited Liability	Company		
The end Existen	closed "Application by Face, and check are submit	oreign Limited Liability Con ted to register the above refe	npany for Authoriz renced foreign lim	zation to T sited liabili	ransact Business in Florida," Certi ity company to transact business in	ficate of Florida.
Please	return all correspondence	concerning this matter to the	e following:			
	Bryan Shaw					
	 	I .	Name of Person			
	Hoffman Clar	k, LLC				
		F	irm/Company			
	8000 Marylan	d Avenue, Suite 820				
			Address			
	Clayton, Miss	ouri 63105				
		City/5	State and Zip Code	:		
	bshaw@hoffma	nclark.com				
		E-mail address: (to be use	d for future annua	report no	tification)	
For furt	her information concerni	ng this matter, please call:				
	Bryan Shaw		314 at (863-87	777 x1003	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section Building coutive Center Circle see, FL 32301	
Enclosed	d is a check for the follow \$125.00 Filing Fee	ving amount: \$\sum \$\su	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificat of Status & Certified Copy	Œ

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:

Screnity	+ L Property Holding	ted Liability Company," "LLC.," or "ILC			
A ficanie	name adopted for the purpose of transacting business in P	orida. The alternate name must include "Limited L	iability Company," "L.L.C," or "LLC.")		
2. Missouri Ourisduction under the law of	which foreign limited hability company is organized)	3. 46-3855264			
	(market market mounty company is organized)	(FE) ma	mber, if applicable)		
4	10				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 &: 605.0905, F.S. to determ	registration) nine penalty liability)	'		
5. (Street Address of		6.			
5423 SW 28th Place	Principal Office)	(Mailing Ad	dress)		
Cape Coral, Florida 3	3914	5423 SW 28th Place			
oup conti, r torical 5	3714	Cape Coral, Florida 3391	4		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	MINNO 28 PA 4:		
Name:	Maggic Troup	· · · · · · · · · · · · · · · · · · ·	28 1855		
Office Address:	5423 SW 28th Place		79.3		
	Cape Coral	, Florida 33914			
Registered agent's accep	(City)	, I fortua(Zip coc	 		
	Magaze Thom		,		
1	(Registered agent's s	igradue)	in this capacity. I further agr duties, and I am familiar with		
1	Magaze Thom	ignature) s/have authority to manage is/are:			
8. The name, title or capa	(Registered agent's a city and address of the person(s) who has Name and Address:	igradue)	Name and Address:		
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who has Name and Address: Maggie Troup 5423 SW 28th Place	ignature) s/have authority to manage is/are:			
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who has Name and Address: Maggie Troup	ignature) s/have authority to manage is/are:			
8. The name, title or capa <u>Title or Capacity:</u>	(Registered agent's a city and address of the person(s) who has Name and Address: Maggie Troup 5423 SW 28th Place Cape Coral, Florida 33914	ignature) s/have authority to manage is/are:			
8. The name, title or capa <u>Title or Capacity:</u> Member	(Registered agent's a city and address of the person(s) who has Name and Address: Maggie Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup	ignature) s/have authority to manage is/are:			
8. The name, title or capa <u>Title or Capacity:</u> Member	(Registered agent's a city and address of the person(s) who has Name and Address: Maggie Troup 5423 SW 28th Place Cape Coral, Florida 33914	ignature) s/have authority to manage is/are:			
8. The name, title or capa Title or Capacity: Member Member	(Registered agent) (Registered agent)'s a city and address of the person(s) who has Name and Address: Maggie Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 5423 SW 28th Place Cape Coral, Florida 33914	ignature) s/have authority to manage is/are:			
8. The name, title or capa Title or Capacity: Member Member (Use attachments if necessary). Attached is a certificate of urisdiction under the law of	Chad Troup Chad Troup Chad Troup S423 SW 28th Place Cape Coral, Florida 33914 Chad Troup Chad Tro	s/have authority to manage is/are: Title or Capacity:	Name and Address:		
8. The name, title or capa Title or Capacity: Member Member (Use attachments if necessary). Attached is a certificate of urisdiction under the law of the translator must be sub 0. This document is execut	Chad Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 6423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 65423 SW 28th Place Cape Coral, Florida 33914 ary) 65 existence, no more than 90 days old, diff which it is organized. (If the certificate omitted) 66 ed in accordance with section 605.0203 (the Department of State constitutes a third 67 COUNTY OF COUNTY O	s/have authority to manage is/are: Title or Capacity: ully authenticated by the official have is in a foreign language, a translation.	Name and Address:		
8. The name, title or capa Title or Capacity: Member Member (Use attachments if necessed). Attached is a certificate of iurisdiction under the law of the translator must be substituted in a document to the submitted in a document to the submitt	Chad Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 5423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 6423 SW 28th Place Cape Coral, Florida 33914 Chad Troup 65423 SW 28th Place Cape Coral, Florida 33914 ary) 65 existence, no more than 90 days old, diff which it is organized. (If the certificate omitted) 66 ed in accordance with section 605.0203 (the Department of State constitutes a third 67 COUNTY OF COUNTY O	whate authority to manage is/are: Title or Capacity: uly authenticated by the official havis in a foreign language, a translation of the company of the co	Name and Address:		

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

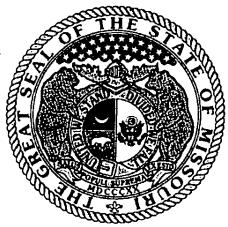
CMT Holdings, LLC LC1348629

was created under the laws of this State on the 11th day of October, 2013, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of July, 2017.

Secretary of State

Certification Number: CERT-07032017-0054





July 12, 2017

BRYAN SHAW HOFFMAN CLARK, LLC 8000 MARYLAND AVE, STE. 820 CLAYTON, MO 63105

SUBJECT: CMT HOLDINGS, LLC Ref. Number: W17000057732

We have received your document for CMT HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P14000050234 "CMT HOLDINGS CORP".

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) 245-6951.

Karen A Saly Regulatory Specialist II

Letter Number: 617A00014117