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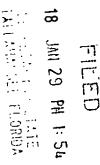
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2018

CHAD MARIE 3722 OX EYE DAISY SAN ANTONIO, TX 78261 US

SUBJECT: CMM CONSULTING LLC

Ref. Number: W18000002683

We have received your document for CMM CONSULTING 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.

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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00000643

RECEIVED
JAN 2 9 2018

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Division of the property of th

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CMM Cons	of Linited Editility Company
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above ref	mpany for Authorization to Transact Business in Florida," Certificate of erenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the	he following:
_ chad r	Name of Person
CMM_C	Firm/Company LLC
3722	Dx Eye Daisy Address
San An	tonio, 1x, 78261 /State and Zip Code
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
Name of Contact Person	at (325) 513-2128  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:  \$\frac{1}{2}\$\$\$ \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	: □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	NG IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABIIJI 
1. Cmm Consulting LLC (Name of Foreign Limited Liability Company; must include "Limited Liability	y Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The hi	\`\LC'
2. State of Texas  (Jurisdiction under the law of which foreign limited liability company is organized)  3.	82-3394631 (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration (See sections 605,0905, F.S. to determine penalty	n. liability)
5. 3722 Ox Eyo Daisy (Street Address of Principal Office)  6.	3722 OK Eye Daisy
San Antonio TX 78261	San Antonio, TY 78261
7. Name and street address of Florida registered agent: (P.O. Box NOT a	acceptable)
Name: Kevin Vance	
Office Address: 50 Beal PKmy SW	
Ft Walton Beach	Florida 32548 (Zip code)
designated in this application, I hereby accept the appointment as registe to comply with the provisions of all statutes relative to the proper and coand accept the obligations of my position as registered agent.  (Registered agent's signature)	mplete performance of my duties, and I am familiar with
8. The name, title or capacity and address of the person(s) who has/have Title or Capacity:  Name and Address:  Title or Capacity:	authority to manage is/are: itle or Capacity:  Name and Address:
President 3722 0x Eye Daisy	
chad Marie	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly au jurisdiction under the law of which it is organized. (If the certificate is in a of the translator must be submitted)	athenticated by the official having custody of records in the a foreign language, a translation of the certificate under oath
10. This document is executed in accordance with section 605.0203 (1) (b submitted in a document to the Department of State constitutes a third deg	p). Florida Statutes. I am aware that any false information gree felony as provided for in s.817.155. F.S.
Signature of an auth	horized person
chad M	avie

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

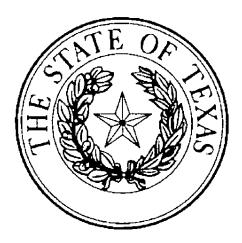
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CMM Consulting, LLC (file number 802857567), a Domestic Limited Liability Company (LLC), was filed in this office on November 10, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 03, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 785909680003