## M18000006800

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	<b>47</b>	
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Office Use Only



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SECRETARY OF STATE

TO: Registration Section Division of Corporations	SECRETAR)	RECE
SUBJECT: CMB CONSTRUCTION LLC Name of Limited Liability Company		CEIVED
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus	" Certi iness in	ificate of n Florida.
Please return all correspondence concerning this matter to the following:		
ancis Bellantoni Name of Person	_	
CMB Construction LLC	_	
3283 Pilot CiC	- 2	
Naples Fl 3420 The City/State and Zip Code	10F 810	77
E-mail address: (to be used for future annual report notification)	16 PH 2	
For further information concerning this matter, please call:	2: 11	
Ohr Shellantoni at (203) 731-75-37 Name of Contact Person Area Code Daytime Telephone Number	-	Ø
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		cate
Mech on file		
Check on file Last App was denied. Did not send Cert of organiza		\
Did not send Cert of organize	iti	(on)

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

IN COMPILANCE 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: Limited Liability Company, (If name una limited hability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Florida 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 of registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 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) 10. This document is executed in accordance of the section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Departm gree felony as provided for in s.817.155, F.S. nature of an authorized person

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "CMB CONSTRUCTION, 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 FIFTH DAY OF JULY, A.D. 2018.

San Control of the Co

Authentication: 203014042

Date: 07-05-18