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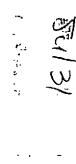
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2020

CHRISTY MELANCON P.O. BOX 23116 NEW ORLEANS, LA 70183

SUBJECT: CMS CONSULTANTS, LLC

Ref. Number: W20000071713

We have received your document for CMS CONSULTANTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 720A00013468

RECEIVED

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CMS Consultants, LLC	Limited Liability Company; must include "Limited	d Liability	y Company," "L.L.C.," or "LEC.")		
f'name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The	alternate name must include "Limited L	iability Company," "L.L.C," or "LLC	
Orleans Parish (Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FE:I num	ber, if applicable)	
n/a					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration inc penalty	a.) liability)		
1512 Edwards Ave, Ste. 3			PO Box 23116		
treet Address of Principal Office)		6. (Mailing Address)			
New Orleans, LA 70123			New Orleans, LA 70183		
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)		
<u> </u>	<u></u>		,		
Name:	Chad Hanson			n out	
Office Address:	3250 Charon Avenue			9013	
	West Melbourne		32904 , Florida	3/	
	(City)		(Zip code)		

Registered agent's acceptance:

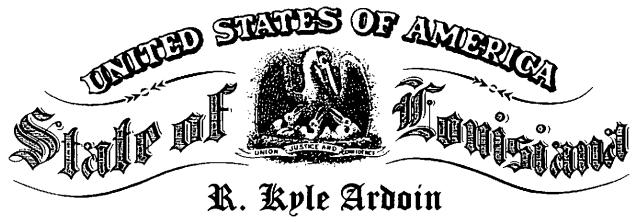
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:					
■Manager	Name: Christy Melancon	□Manager	Name: Myer Stabinsky					
□Member	Address:	□Member	Address: 1512 Edwards Ave					
□Authorized	Suite 3	Authorized	Ste 3					
Person	New Orleans, LA 70123	Person	New Orleans, LA 70123					
□Other	□Other	□Other	□Other					
□Manager	Name:	□Manager	Name:					
-		_						
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	□Other	Other	Other					
□Manager	Name:	□Manager	Name:					
□Member	Address:	□Member	Address:					
□Authorized		□Authorized						
Person		Person						
□Other	Other	□Other	□Other					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 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. Signature of an authorized person								
	Christy Melancon							

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

CMS CONSULTANTS, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

Filed charter and qualified to do business in this State on July 19, 2012,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 24, 2020

CAPTIDENCY TO

Certificate ID: 11243759#WYN83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

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