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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	· 1
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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T. Burch 12011

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: CML Commercial Mor	tgage Group, Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and a check for	
Enclosed are an original and one (1) copy of the art	ucles of incorporation and a check for.	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified & Certified Status	Copy
	ADDITIONAL COPY REQUI	RED
FROM: Celso H. Lima	e (Printed or typed)	_
16417 Sapphire Drive	Address	
Weston, FL 33331 City,	, State & Zip	<u> </u>
(305) 785-0912 Daytime 7	Telephone number	
celsolima10@gmail.com E-mail address: (to be use	led for future annual report notification)	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

' NAME

Dringinal etm							
	eet address			address, if differ			
16417 Sappnire Weston, El. 333	Drive 331		16417 Sapphi Weston, FL 33	re Drive			-
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ARTICLE III PURPOSE				į	三出	22	
The purpose for which the corporation				*	7		
Commercial Mortgage Brok	Rerage				> 1	001	1
					35.7	$\frac{3}{2}$	
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				,		#:	
ARTICLE IV SHARES The number of shares of stock is: 1,0	000 Shares			Ť		50	
·					,,,,,,	0	
Name and Title: Coloo U. I.			and Title				
Name and Title: Celso H. Li Address: 16417 Sap	phire Drive	Name Addr	e and Title;				
	33331						
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Name and Title:		Name	e and Title:				
							_
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·							-
Name and Title:		Name	e and Title:				_
Address:		Addr	ess:				-
							-
ARTICLE VI REGISTERED . The name and Florida street address		ble) of the rea	istered agent is:				
Name: Celso H. I		ole) of the reg	istered agent is.				
Address: 16417 Sa	ophire Drive						
Weston,	FL 33331						
ARTICLE VII INCORPORATO	OR						
he name and address of the Incorpo	rator is:						
Name:Celso H.							
Address: 16417 Sa	apphire Drive						
vveston,	FL 33331	•					
laving been named as registered ago						gnated	in
his certificate, I am familiar with and	laccept the appointment	as registered a	igent and agree to	act in this capac	ity		
	•			10/	./_		
Required S	ignature/Registered Agen	<u></u>		10/2	X / 20 Date	<u> </u>	-
•				•	Lymo		
submit this document and affirm the ocument to the Department of State of		in are true. I	am aware that the		on subm	itted in	a