

PI90000087276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

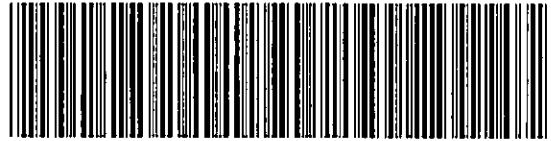
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 NOV 12 PM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CMT Ocho Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Candice J. Palte, Esq.
Name (Printed or typed)

550 Biltmore Way, Suite 810
Address

Coral Gables, FL 33134
City, State & Zip

305-529-1500
Daytime Telephone number

kricknauth@adminconllc.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: CMT Ocho Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1600 Ponce de Leon Blvd. #1208

Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Investments

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher M. Tien, Director Name and Title: _____

Address 1600 Ponce de Leon Blvd. #1208 Address: _____
Coral Gables, FL 33134

Name and Title: Christopher M. Tien, President Name and Title: _____

Address 1600 Ponce de Leon Blvd. #1208 Address: _____
Coral Gables, FL 33134

Name and Title: Christopher M. Tien, Secretary & Treasurer Name and Title: _____

Address 1600 Ponce de Leon Blvd. #1208 Address: _____
Coral Gables, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christopher M. Tien

Address: 1600 Ponce de Leon Blvd., #1208

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Candice J. Palte, Esq.

Address: 550 Biltmore Way, #810

Coral Gables, FL 33134

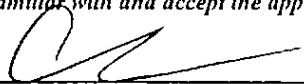
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/31/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

10/30/19
Date

**DUNWODY
WHITE &
LANDON, P.A.**

ATTORNEYS AT LAW

FRANK T. ADAMS	ROBERT D. W. LANDON, II
DANIEL K. CAPES	JEREMY P. LEATHE
DENISE B. CAZOBON	THOMAS J. MATKOV
NEIL R. CHRYSTAL	WILLIAM T. MUIR
JACK A. FALK, JR.	ALFRED J. STASHIS, JR.
RONALD L. FICK	
JOHN J. GRUNDHAUSER	ROBERT A. WHITE (Retired)
KRISTINA HERNANDEZ-TILSON	ATWOOD DUNWODY (1912-1996)

Reply to Miami Office

November 6, 2019

**VIA CERTIFIED MAIL, RETURN RECEIPT
REQUESTED #9414 7266 9904 2118 5328 29**

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

Re: CMT Ocho Inc.

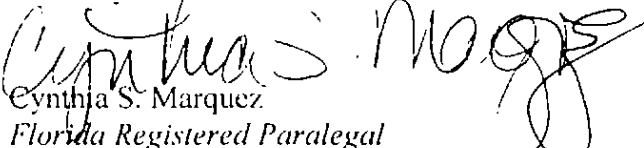
Dear Sir or Madam:

Enclosed for your handling are the following documents:

1. Articles of Incorporation (original and duplicate copy);
2. Check payable to the Florida Department of State in the amount of \$78.75 for the filing fee and a Certificate of Status; and
3. Self-addressed, return envelope.

Please return the date stamped copy and the Certificate of Status to the undersigned in the enclosed return envelope. If you have any questions, please contact Attorney Palte at 305-529-1500. Thank you for your assistance with this matter.

Sincerely,


Cynthia S. Marquez
Florida Registered Paralegal

/csm

Enclosures

cc: Christopher Tien, via e-mail (w/encls)
Kamala Ricknauth, via e-mail (w/encls)
Candice J. Palte, Esq. (w/encls)
Neil R. Chrystal, Esq. (w/o encls)
Michael Desiato, CPA, via e-mail (w/ encls)

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MIAMI
550 Biltmore Way
Suite 810
Coral Gables, Florida 33134
Telephone 305 / 529-1500
Fax 305 / 529-8855

NAPLES
4001 Tamiami Trail North
Suite 200
Naples, Florida 34103
Telephone 239 / 263-5885
Fax 239 / 262-1442

PALM BEACH
Plaza Center, Suite 501
249 Royal Palm Way
Palm Beach, Florida 33480
Telephone 561 / 655-2120
Fax 561 / 655-2168