

L23000139859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

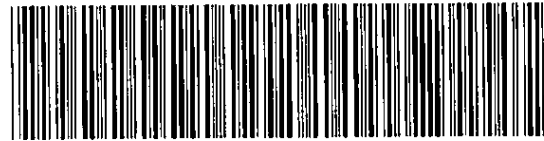
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer.

Office Use Only



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FILED
2023 MAR 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAR 27 PM 3:43
FILE
CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: **\$130.00**

Authorization Signature: *Jamie Lee*

 C&M Group USA LLC _____
BUSINESS NAME **DOCUMENT #**

 Certified Copy of Articles of Organization

 X Certificate of Status

NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- X** Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

AMMENDMENTS

- Amendment
- Resignation of R.A.

- Change of Registered Agent
- Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
Statement of Authority

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

- Annual Report
- Fictitious Name

- APOSTILLE **Country**

- Foreign filing
- Limited Partnership
- Reinstatement

- Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: C&M Group USA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLOR LOZANO DUGGER
Name of Person
2D CONSULTING ENTERPRISE LLC
Firm/Company
241 HAMMOCK OAK CIRCLE
Address
DEBARY, FL 32713
City/State and Zip Code
2DCONSULTINGENTERPRISE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLOR LOZANO DUGGER 904 382-0889
Name of Person at () Daytime Telephone Number
Area Code

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C&M Group USA LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1112 Gleraven Ln. Clermont, FL 34711

1112 Gleraven Ln. Clermont, FL 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NELSON A CAPPONI AFFATATO

Name

1112 Gleraven Ln.

Florida street address (P.O. Box **NOT** acceptable)

Clermont, Florida 34711

City State Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Nelson Capponi Affatato

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILE
2023 MAR 27 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AUTHORIZED MEM

NELSON A CAPPONI AFFATATO
1112 Gleraven Ln. Clermont, FL 34711

AUTHORIZED MEME

JOSE M MILLAN COLEOGLU
1112 Gleraven Ln. Clermont, FL 34711

(Use attachment if necessary)

ARTICLE V: 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 business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

THE COMPANY IS ORGANIZED TO DO RETAIL BUSINESS AND ANY OTHER LEGAL ACTIVITY

REQUIRED SIGNATURE:

Nelson Capponi Affatato

Signature of a member or an authorized representative of a member.

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.

NELSON A CAPPONI AFFATATO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)