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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future_ annual report mailings. Enter only one email address please.

Email.	Address:			
	MUUI CSS.			

FLORIDA LIMITED LIABILITY CO.

CSB Rock Properties, L.L.C.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address:	end with the words "Limited Liabi	lity Company, "L.L.C.," or "L.I		
		, company, 2.2.c., or 21	∠C.")	
	eet address of the principal office o	f the Limited Liability Compa	ny is:	
<u>Pri</u>	ncipal Office Address:	Mailing Address:		
3521 Stone Cliff	f Wav	3521 Stone Cliff Way	<i>,</i>	
Woodstock, GA	30189	Woodstock, GA 3018		
ne Limited Liability Comp other business entity with	Plant Service Control of the registered agen	tered Agent. You must designa	ate an individual or	
he Limited Liability Compoter business entity with	pany cannot serve as its own Regis n an active Florida registration.)	tered Agent. You must designa are: ate Services, Inc.	ate an individual or	
he Limited Liability Composition business entity with	pany cannot serve as its own Regist an active Florida registration.) treet address of the registered agen BlumbergExcelsior Corpor	tered Agent. You must designa are: ate Services, Inc.	ate an individual or	
The Limited Liability Compother business entity with	pany cannot serve as its own Registration.) treet address of the registered agen BlumbergExcelsior Corpor Nam	tered Agent. You must designate are: ate Services, Inc. te	nte an individual or	
The Limited Liability Compother business entity with	pany cannot serve as its own Registration.) treet address of the registered agen BlumbergExcelsior Corpor Nam 155 Office Plaza Drive, 1s	tered Agent. You must designate are: ate Services, Inc. te	ited liability company at the	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Anthony Dylan Reach		
	3521 Stone Cliff Way		
	Woodstock, GA 30189		
MGR	Christina Strawn Reach		
<u></u>	3521 Stone Cliff Way		
	Woodstock, GA 30189		
AMDD	ROCK STRONG LIMITED PARTNERSHIP		
AMBR	3521 Stone Cliff Way		
	Woodstock, GA 30189		
	Woodstock, GA 30189		
	_		
(Use attachment if necessary)			
•			
ARTICLE V: Effective date, if other than the date of filin	g: (OPTIONAL)		
	nd cannot be more than five business days prior to or 90	days af	lter –
the date of filing.)		_	
Note: If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not	ı b⊵∃ iste	d as
the document's effective date on the Department of State	e's records.	7.3	
·		-7 <u>-</u>	
ARTICLE VI: Other provisions, if any.		-	
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REQUIRED SIGNATURE:Designation	2.5	CD.	
A. Oylan A	Paret "Fill	S	
	•		
This document is executed in a	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State		
	y as provided for in s.817.155, F.S.		
Anthony Dylan Reach	ed 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)