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Requester's Name

DENNIS M BROWNLEE CRA 12249 SPRING HILL DR SPRING HILL, FL 34609

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 2, 2001

DENNIS M. BROWNLEE CPA 12249 SPRING HILL DR SPRING HILL, FL 34609

SUBJECT: C&E DISTRIBUTOR & WHOLESALER ACCESSORY & GIFT

ITEMS, LLC

Ref. Number: W01000022784

We have received your document for C&E DISTRIBUTOR & WHOLESALER ACCESSORY & GIFT ITEMS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Any reference to this entity being a corporation must be removed.

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) 245-6043.

Shawn Logan Document Specialist

Letter Number: 401A00055364

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DIVISION OF CORPORATIONS
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## ARTICLES OF ORGANIZATION OF CSB DISTRIBUTOR & WHOLESALER ACCESSORY & GIFT ITEMS, LLC

THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A LIMITED LIABILITY COMPANY UNDER THE FLORIDA GENERAL LIMITED LIABILITY COMPANY ACT, DOES HEREBY ADOPT THE FOLLOWING ARTICLES OF ORGANIZATION:

#### ARTICLE 1 NAME

THE NAME OF THE ORGANIZATION IS: CSB DISTRIBUTOR & WHOLESALER ACCESSORY & GIFT ITEMS, LLC.

## ARTICLE 2 TERM OF EXISTENCE

THIS ORGANIZATION IS TO EXIST FOR THE DURATION OF THE LIFE OF IT'S MEMBERS.

## ARTICLE 3 NATURE OF BUSINESS

THIS ORGANIZATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

## ARTICLE 4 MEMBERSHIP INTERESTS

THE NUMBER OF MEMBERSHIP INTERESTS THAT THE LIMITED LIABILITY COMPANY IS AUTHORIZED TO HAVE IS UNLIMITED.

## ARTICLE 5 ADDRESS

THE INITIAL STREET ADDRESS OF THE PRINCIPAL OFFICE OF THIS ORGANIZATION IN THE STATE OF FLORIDA IS: 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606. THE MAILING ADDRESS IS ALSO 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606. THE ORGANIZATION MAY FROM TIME TO TIME MOVE THE PRINCIPAL OFFICE TO ANY OTHER ADDRESS.

#### ARTICLE 6 ORGANIZERS

THE NAME AND ADDRESS OF THE ORGANIZER IS AS FOLLOWS: CAMILLE BOUTROS 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606.

#### ARTICLE 7 MANAGERS

THIS ORGANIZATION SHALL HAVE ONE MANAGER INITIALLY. THE NUMBER OF MANAGERS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE OPERATING AGREEMENT, BUT SHALL NEVER BE LESS THAN ONE. THE NAME AND ADDRESS OF THE INITIAL MANAGER OF THIS ORGANIZATION IS: CAMILLE BOUTROS 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606.

## ARTICLE 8 SUBSCRIBER

THE NAME AND ADDRESS OF THE PERSON SIGNING THESE ARTICLES IS: CAMILLE BOUTROS 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606.

## ARTICLE 9 REGISTERED AGENT

CAMILLE BOUTROS 5520 ALDERWOOD STREET SPRING HILL, FLORIDA 34606, IS HEREBY DESIGNATED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITH THE STATE OF FLORIDA, FOR AND ON BEHALF OF THIS ORGANIZATION.

#### ARTICLE 10 EFFECTIVE DATE

THESE ARTICLES OF ORGANIZATION SHALL BE EFFECTIVE UPON THE FILING WITH THE SECRETARY OF STATE OF THE STATE OF FLORIDA.

## ARTICLE 11 INDEMNIFICATION

THE ORGANIZATION SHALL INDEMNIFY ANY MANAGER, OR ANY FORMER MANAGER TO THE FULL EXTENT PERMITTED BY LAW.

## ARTICLE 12 AMENDMENT

THESE ARTICLES OF ORGANIZATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY A MAJORITY OF THE MANAGERS, PROPOSED BY THEM TO THE MEMBERS AND APPROVED AT A MEMBERSHIP MEETING BY AT LEAST A MAJORITY OF THE MEMBERSHIP INTEREST ENTITLED TO VOTE, UNLESS ALL OF THE MANAGERS AND ALL OF THE MEMBERS SIGN A WRITTEN STATEMENT MANIFESTING THEIR INTENTION THAT CERTAIN AMENDMENT OF THESE ARTICLES OF ORGANIZATION BE MADE.



HAVING BEEN NAMED AS AN ŌRGANIZER, MANAGER, AND SUBSCRIBER OF THESE ARTICLES FOR THE ABOVE ORGANIZATION, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE ORGANIZATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

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