

APR-2-03 WED 3:58 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

LIMITED LIABILITY COMPANY
C & S CABINS, LLC

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

DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION
OF
C & S CABINS, LLC
A Limited Liability Company
Organized under the Laws of the State of Florida**

ARTICLE 1 - NAME

The name of the limited liability company is:

C & S CABINS, LLC

ARTICLE II - ADDRESS

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

2111 North Flagler Drive
#26
West Palm Beach, FL 33407

ARTICLE III - REGISTERED AGENT AND OFFICE

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

Beau C. Cisco
2111 North Flagler Drive
#26
West Palm Beach, FL 33407

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 608, F.S.


BEAU C. CISCO, as Registered Agent

In accordance with section 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


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

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