

L03000028322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Address

Office Use Only

Updater

Updater

Verifier

Acknowledgement

LOC

W. P. Verifier

LOC



600021718786

07/28/03--01049--016 \*\*155.00

FILED

03 JUL 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C & S RESEARCH GROUP, 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:

CYNTHIA I. RICE, ESQUIRE  
(Name of Person)

CYNTHIA I. RICE, P.A.  
(Firm/Company)

2201 Northeast Coachman Road, Suite 102  
(Address)

Clearwater, Florida 33765  
(City/State and Zip Code)

FILED  
03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CYNTHIA I. RICE, ESQUIRE at ( 727 ) 799-1277  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

C & S RESEARCH GROUP, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1075 Lexington Court

Largo, FL 33771

#### Mailing Address:

1075 Lexington Court

Largo, FL 33771

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

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

CHUCK MICHAEL

Name

1075 Lexington Court

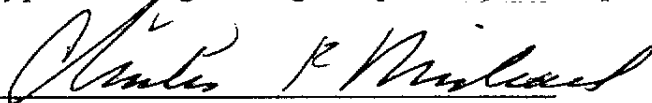
Florida street address (P.O. Box **NOT** acceptable)

Largo, FL 33771

FL

City, State, and 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 608, F.S.*



Registered Agent's Signature

(CONTINUED)

FILED  
03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

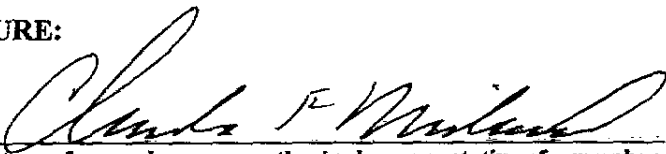
**Name and Address:**

MGRM	_____	Chuck Michael	_____
_____	_____	1075 Lexington Court	_____
_____	_____	Largo, FL 33771	_____
_____	_____	CHUCK MICHAEL	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHUCK MICHAEL

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA