

# L03000039827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

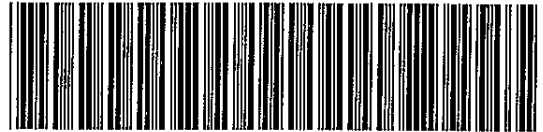
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TALLAHASSEE, FLORIDA

03 OCT 13 AM 9:14

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McRAE & METCALF, P.A.  
*Attorneys at Law*

1677 Mahan Center Boulevard  
Tallahassee, Florida 32308  
Telephone (850) 386-8000  
Facsimile (850) 386-8342

Please Reply To:  
Tampa

1205 N. Franklin Street  
Tampa, Florida 33602  
Telephone (813) 225-1125  
Facsimile (813) 225-1077

October 9, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

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03 OCT 13 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Registration application for CS & LA L.L.C.

To Whom It May Concern:

Please find enclosed the registration application for CS & LA L.L.C. Additionally, please find a check in the total amount of \$160.00 for the filing fee, designation of registered agent, certified copy and certificate of status. After registering CS & LA, L.L.C., please return a letter of acknowledgement, certified copy and certificate of status to our office at:

McRae & Metcalf, P.A.  
1205 North Franklin Street  
Tampa, Florida 33602

If you have any questions, please do not hesitate to contact our office.

Very Truly Yours,



Irene A. Bassel  
McRae & Metcalf, P.A.

JSM/lme  
Enclosures

cc: Csaba Olah  
Lazlo Gozdan

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CS & LA L.L.C  
(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:

James S. Myers  
(Name of Person)

McRae & Metcalf, P.A.  
(Firm/Company)

1205 North Franklin Street  
(Address)

Tampa, Florida 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

James S. Myers at ( 813 ) 225-1125  
(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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CS & LA L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

2003 Patterson Avenue  
Tampa, Florida 33610

**Mailing Address:**

2003 Patterson Avenue  
Tampa, Florida 33610

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

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

McRae & Metcalf, P.A.

Name

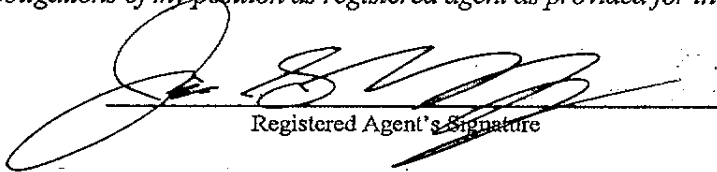
1205 North Franklin Street

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

Tampa FL 33602

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)

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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

Csaba Olah  
2003 Patterson Avenue  
Tampa, Florida 33610

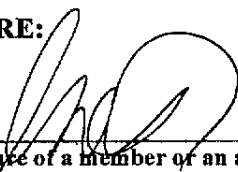
MGRM

Lazlo Gozdan  
6803 North Dixon Avenue  
Tampa, Florida 33604

(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.)

Csaba Olah

\_\_\_\_\_  
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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 OCT 13 AM 9:14

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