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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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C&S Enterprises 440 33<sup>rd</sup> Avenue North Saint Petersburg, FL 33704 Phone 727-215-7360

October 10, 2003

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is C&S Enterprises, L.L.C.'s Articles of Organization.

Please contact me at 727-215-7360 if you have any questions,

odd Sakow

Managing Member

## TRANSMITTAL LETTER

TO: Registration Section

Tallahassee, Florida 32399

Division of Corporations	·	
SUBJECT: C&S Enterprises, L.L.C.		
	mited Liability Company)	_
The enclosed Articles of Organization and	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Todd Sakow		
(Name of Person)		
		030
(Firm/Company)	<del></del>	D3 OCT 13 PM
		ū
440 33rd Avenue North		P.H.
(Address)	<del></del>	1:0
		<del></del>
Saint Petersurg, Florida 33704	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(City/State and Zip Code)	)	
For further information concerning this mat	ter, please call:	
Todd Sakow	at ( 727 <sub>)</sub> 215-7360	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS.	
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Division of Corporations		
109 E. Gaines Street P.O. Box 6327		

Tallahassee, Florida 32314

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

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The name of the Limited Liability Company is:

C&S Enterprises, 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: 440 33rd Avenue North 440 33rd Avenue North

Saint Petersburg, FL 33704 Saint Petersburg, FL 33704

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

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

Todd Sakow	
Nam	e
440 33rd Avenue North	n
Florida street address (P	O. Box NOT acceptable)
Saint Petersburg	<sub>FL</sub> 33704
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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	,
MGRM	Todd Sakow
	440 33rd Avenue North
	Saint Petersburg, FL 33704
<del></del>	
MGR	Richard Combs
	11207 Golden Ridge
	Seminole, FL 33704
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
DECLUDED GLOSI (WIDE	
REQUIRED SIGNATURE:	
108	£
Signature of a memi	per of an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution
	stitutes an affirmation under the penalties of perjury
Todd Sakow	
<del></del>	Typed or printed name of signee
	Title of Theory
•	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)