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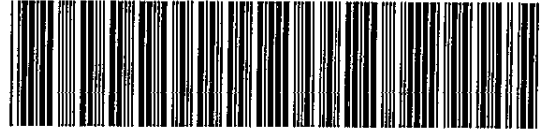
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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSMS Properties, 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:

John Fuller
(Name of Person)

Fuller & Associates PA
(Firm/Company)

12000 Biscayne Blvd St 609
(Address)

N MIAMI FLA 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

John Fuller at (305) 891 5199
(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: CSMS Properties, 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:

12015 RAMONA AVE
PORT CHARLOTTE FLA 33981

Mailing Address:

12015 RAMONA AVE
PORT CHARLOTTE FLA 33981

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

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

Gene Matterna
Name
12015 RAMONA AVE
Florida street address (P.O. Box NOT acceptable)
PORT CHARLOTTE FLA 33981
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..

Gene E. Matterna
Registered Agent's Signature

(CONTINUED)

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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

Gene C. Mattera
12015 Ramona Ave.
Port Charlotte, FL 33981

MGRM

James Sennello
494 Pelican Lane South
Jupiter, FL 33458

MGRM

Joseph Cerrito
50 W Palm Drive
Margate, FL 33481

MGRM

Paul Sennello
10841 E Palm Dr 1982 NE 4th St
Deerfield Beach, FL 33441

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Gene C. Mattera
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.)

Gene C. Mattera
Typed or printed name of signer

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)