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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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TRANSMITTAL LETTER

SUBJECT: CS BUILDERS, 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:	
(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:	
Please return all correspondence concerning this matter to the following:	
CRAIG A. SOPETTO	
(Name of Person)	
CS BUILDERS, LLC	
(Firm/Company)	
3412 Clark Road	•
(Address)	
Sarasota, FL 34231	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JANIS WILLIAMS at (941) 953-6113 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number) ALLAHASSEE, FLC	FILED
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CS BUILDERS, LL		
ARTICLE II - Addr The mailing address a		incipal office of the Limited Liabil	lity Compa
Principal Office Add		Mailing Address:	
3412 Clark Roa Sarasota, FL		3412 Clark Road Sarasota, FL 3423	2.1
barasoca, 12			
(·· · · · · · · · · · · · · · · · · · ·
			
	orida street address of the 1	ŭ Ü	gnature: SECR
		egistered agent are:	gnature: SECRETAIN TALLAHASS
	craig A. SOP	egistered agent are:	gnature: SECRETART JI TALLAHASSEE,
	CRAIG A. SOP	egistered agent are:	gnature: SECRETARY OF STATE
	CRAIG A. SOP Name 3412 Clark R Florida street address (P.C.	egistered agent are: ETTO Dad D. Box NOT acceptable) FLORIDA 34231	gnature: SECRETAIN OF STATE TALLAHASSEE, FLORIDA
	CRAIG A. SOP Name 3412 Clark R Florida street address (P.C.	egistered agent are: ETTO Dad D. Box NOT acceptable) FLORIDA 34231	gnature: SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name and the Flo	CRAIG A. SOP Name 3412 Clark R Florida street address (P.C. Sarasota City, State, and to accept served agent and to accept served in this certificate, I here	egistered agent are: ETTO Dad D. Box NOT acceptable) FLORIDA 34231 and Zip vice of process for the above stated aby accept the appointment as registed.	SECRETARY OF STATE TALLAHASSEE, FLORIDA limited lia ered agent
The name and the Flo — been named as register y at the place designat act in this capacity. If	CRAIG A. SOP Name 3412 Clark R Florida street address (P.C. Sarasota City, State, and to accept served agent and to accept served in this certificate, I herefurther agree to comply with	egistered agent are: ETTO Dad D. Box NOT acceptable) FLORIDA 34231 and Zip vice of process for the above stated in the sta	SECRETARY STATE TALLAHASSEE, FLORIDA limited lia ered agent ng to the p

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" =	Monogar	Name and Address:			
	= Managing Member				
MGR		CRAIG A. SOPETTO			
		3412 Clark Road Sarasota, FL 34231			
	•			_	
		, , , , , , , , , , , , , , , , , , ,			
					
(Use attac	hment if necessary)				
NOTE: A	an additional article must be	added if an effective date is requ	ested.		
REQUIR	ED SIGNATURE:		SECKI	04 JUL	
		uthorized representative of a member.	HAS	IL -2	<u> </u>
	(In accordance with section 608 of this document constitutes an a that the facts stated herein are trees.)	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	SEE, FL	PH	LED
		PETTO inted name of signee	ORD ORD	12:2	
	13 pea or pr	mine warren or preman	- 		

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)