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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PARCORP SERVICES, LTD.
Account Number : I19990000011
Phone : (800)603-2533
Fax Number : (800)398-0461

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04 AUG 24 AM 8:57
DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

CONSTRUCTION SYSTEMS ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

CONSTRUCTION SYSTEMS ASSOCIATES, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:
The name of the Limited Liability Company is:

CONSTRUCTION SYSTEMS ASSOCIATES, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

107 CYPRESS GROVE LANE, ORMOND BEACH, FL 32174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name of the Florida street address of the registered agent are:

PER T. SAVERSTROM
Name

107 CYPRESS GROVE LANE
Florida street address (P.O. Box NOT ACCEPTABLE)

ORMOND BEACH, FL 32174
City, State and Zip

04 AUG 24 AM 11:09

TALLAHASSEE, FLORIDA

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 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or 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.)

DAVID L. SURINA
Typed or Printed name of signee

Preparer Info:
Parcorp Services, Ltd. / David L. Surina
931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

CONSTRUCTION SYSTEMS ASSOCIATES, LLC

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

PER T. SAVERSTROM

Name

107 CYPRESS GROVE LANE

Florida street address (P.O. Box NOT ACCEPTABLE)

ORMOND BEACH, FL 32174

City, State and Zip

FILED
04 AUG 24 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **PER T. SAVERSTROM**

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