

L040000 72506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

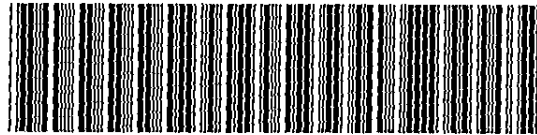
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Handwritten signature*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CSA Properties, LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION  
FOR  
CSA PROPERTIES, LLC**

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**Article I**

The name of the Limited Liability Company is CSA PROPERTIES, LLC.

**Article II**

Principal Place of Business. The initial street address of the principal place of business of the Limited Liability Company is:

**6111 - 18<sup>th</sup> Street  
Zephyrhills, FL 33542**

**Article III**

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

**MICHAEL P. WOOD  
6111 - 18<sup>th</sup> Street  
Zephyrhills, FL 33542**

**ACCEPTANCE BY REGISTERED AGENT**

Having been named to accept service of process for the above-named 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 relative to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

*Michael P. Wood*

\_\_\_\_\_  
Resident Agent's Signature

**Article IV**

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

**Title:**

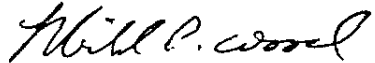
\*MGR\* = Manager  
\*MGRM\* = Managing Member

**Name and Address:**

**MGRM**

**MICHAEL P. WOOD  
6111 - 18<sup>th</sup> Street  
Zephyrhills, FL 33542**

**REQUIRED SIGNATURE:**



SIGNATURE OF MEMBER OR AN AUTHORIZED REPRESENTATIVE OF MEMBER