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PYLE, MICHAEL R., P.A.

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Division of Corporations

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.

Account Number : I20000000053

Phone : (386) 615-9007

Fax Number : (386) 676-2615

LIMITED LIABILITY COMPANY

CSM ENGINEERS, LLC

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**ARTICLES OF ORGANIZATION
OF
CSM ENGINEERS, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **CSM ENGINEERS, LLC.**

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **117 Melton Avenue, Sebastian, Florida 32958.**

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **Michael A. Pyle, 1655 N. Clyde Morris Boulevard, Ste. 1, Daytona Beach, Florida 32117.**

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 21st day of December, 2004.



MICHAEL A. PYLE

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 21st day of December, 2004, by **MICHAEL A. PYLE** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____ as identification.



Theresa D. Winchester
MY COMMISSION # DD203957 EXPIRES
May 31, 2007
BONDED THRU TROY FARM INSURANCE, INC.



Notary Public

(Printed Name)

My Commission Expires:

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.



MICHAEL A. PYLE, Registered Agent

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