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To:

Division of Corporations

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: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (516)935-3088

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LIMITED LIABILITY COMPANY

C-side Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: C-side Services, LLC

ARTICLE II - Address

The mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
103 Snapper Creek Drive	103 Snapper Creek Drive/	PO Box 721
Long Key, FL 33001	Long Key, FL 33001	
ARTICLE III - Registered Agent, Registered Of The name and Florida street address of the registered agent	arc:	nature
Cheryl Seato		
	Name	
103 Snapper	Creek Drive	
(P.O. Box	or Mail Drop Box NOT Acceptable)	
Long Key, Fl	L 33001	
	(City / State / Zip)	
Having been named as registered agent and to accept so at the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obliging Chapter 608, F.S.	ot the appointment as registered ages of all statutes relating to the proper a gations of my position as registered a	nt and agree to act in this and complete performance
Registered Agent's	Signature - Cheryl Seaton	SECULÁNASSEL PL

	er(s) or Managing Member(s): ch Manager or Managing Member is as follows:	MUDUUUU2160
<u>Title:</u> "MGR"=Manager "MGRM"=Managing Mem	Name and Address:	
MGR	Cheryl Seaton-103 Snapper Creek Drive, Long Key, FL 33001	
(Use attachment if necessary)	
REQUIRED SIGNATUR	E:	
Sign	nature of a member or authorized representative of a member.	,,
docur	ecordance with section 608.408(3), Florida Statutes, the execution of this nent constitutes an affirmation under the penalties of perjury that the fact therein are true.)	its u o
	Cheryl Seaton	
	Typed or printed name of signee	