CC789-CC534-QO671 FL LC NOT UP. Agree

(Requestor's Name) (Address)	100054500
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	Ň.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer.	

Office Use Only

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CSC DEVELOPMENT, L.L.C.

TO:FLORIDA DEPARTMENT OF STATE, REGISTRATION SECTION

FROM:BRIAN CUDMORE

SUBJECT: NEW LLC

DATE: MAY 17,2005

CC:

ATTACHED ARE THE LLC DOCUMENTS & OUR CHECK FOR THIS NEW LLC IN THE ABOVE NAME.

PLEASE CONTARCTED THE UNDERSIGNED,OR CHERYL GREENBERG AT 561-995-8989,OR FAX 561-995-8059 IF ANY ADDITIONAL INFORMATION OR DOCUMENTS ARE REQUIRED..

YOUR TRULY,

BRIAN CUDMORE

1200 SOUTH ROGERS CIRCLE, SUITE 7, BOCA RATON, FL, 33487



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 23, 2005

BRIAN CUDMORE CSC DEVELOPMENT, L.L.C. 1200 SOUTH ROGERS CIRCLE, SUITE 7 BOCA RATON, FL 33487

SUBJECT: CSC DEVELOPMENT, L.L.C.

Ref. Number: W05000025818

We have received your document for CSC DEVELOPMENT, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not file the operating agreement, keep this for your records and file the attached ARTICLES OF ORGANIZATION to form a new Limited LiabilityCompany.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 505A00037013

District of Company in D.O. DOV 6997 Tellahanasa Florida 99914

TRANSMITTAL LETTER

TO: Registration S Division of Co			
CUBIECE.	CSC DEVELOPMENT, I	1.0	
SUBJECT:		d Liability Company)	
	of Organization and fee(s) are s	_	
Please return all corresp	condence concerning this matte	er to the following:	
	BRIAN CI		
	C	Name of Person)	
		MORE BUILDER, INC.	
	(Firm/Company)	
	1200 S. ROGEI	RS CIRCLE, SUITE 7	
		(Address)	. -
	BOCA RATON, FL 33487		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
BRIAN CU	DMORE	at (561) 995-8989	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
CSC DEVELOPMENT, L.	C.	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
1200 S. ROGERS CIRCLE, SUITE 7 BOCA RATON, FL 33487	SAME	
ARTICLE III - Registered Agent, Regi		s Signature:
	J. Cudmore	G
	Name	
1200	S. Rogers Circle, Suite 7	1 w
Florida st	reet address (P.O. Box NOT acceptable)	-3 ·
Boca	Raton, FL 33487	:
City,	State, and Zip	5.52
Having been named as registered agent of	and to accept service of process for the	above stated limited

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's Signature

(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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Terence R. Cudmore
	8075 Twin Lake Drive
	Boca Raton, FL 33496
MGR	John H. Shahzade
	928 Bolender Drive
	Delray Beach, FL 33483
MGRM	Brian J. Cudmore
	2304 NW 67th Street
	Boca Raton, FL 33496
(Use attachment if necessary) NOTE: An additional article i	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
(In accordance w of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury lated herein are true.)
	Brian J. Cudmore
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)