

L05000099959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

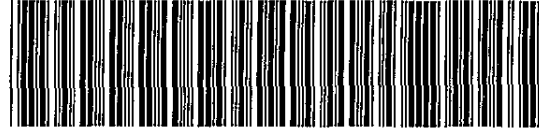
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TALLAHASSEE, FLORIDA



STUMP WEBSTER LAW

Gary L. Stump ■ Ronald S. Webster ■ Pamela Craig ■ Jason J. Recksiedler ■ Sage Morris-Webster

October 10, 2005

~~VIA FEDERAL EXPRESS~~

Secretary of State
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

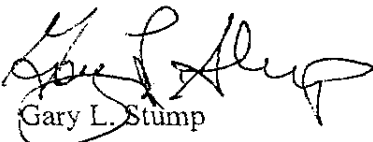
Re: CSR, LLC

Dear Sir/Madame:

Enclosed please find the original Articles of Organization of the above-referenced limited liability company along with a check for the filing fee. Also enclosed please find our self-addressed, stamped envelope for return of the filed copy of the Articles.

If you have any questions, please call Lowanda in my office.

Most Cordially Yours,


Gary L. Stump

GLS:lk
Enclosure

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Call Karen to Pick Up:
878-9966

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

CSR, LLC

A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is: CSR, LLC
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is: 1157 W. Highway 436, Altamonte Springs, FL 32714
4. **Mailing Address.** The mailing address of the limited liability company is:

1157 W. Highway 436, Altamonte Springs, FL 32714
5. **Management.** The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Gary L. Stump, 118 E. Jefferson Street, Orlando, Florida 32801

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 name


7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below: date of filing

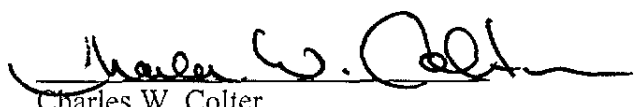
8. **Manager(s) or Managing Member(s):**

Title: Name and Address:

MGRM Gary L. Stump
 118 E. Jefferson Street
 Orlando, FL 32801

MGRM Charles W. Colter
 1157 W. Highway 436
 Altamonte Springs, FL 32714


Gary L. Stump
Managing Member


Charles W. Colter
Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

Filing Fee: \$125.00