20060308^{Page 1 of 1} rations Division of Corr Florida Department of State **Division** of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H070001653593)))

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To: Division of Corporations Fax Number : (850)205-0383

From:

Account Na Account Nu	me : HUBCO mber : 104662003400
Phone Bay Number	: (516)935-3940
Fax Number	: (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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CSoares Services LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Coropany is: CSoares Services LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

13104 Emerald Coast Drive #304

13104 Emerald Coast Drive #304

Orlando, FL 32824-4723

Orlando, FL 32824-4723

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Carlos R. Soares

Name

13104 Emerald Coast Drive #304

(P.O. Box or Mail Drop Box NOT Acceptable)

Orlando, FL 32824-4723

(City / State / Zip)

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 - Carlos R. Soares

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGRM

Carlos R. Soares- 13104 Emerald Coast Drive #304, Orlando, FL 32824-4723

<u>MG</u>RM

Maria E. Soares- 13104 Emerald Coast Drive #304, Orlando, FL 32824-4723

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or authorized representative of a member.

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

Carlos R. Soares

Typed or printed name of signee

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