## L07000097762

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





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## **COVER LETTER**

TO: Registration Section Division of Corporations	-	
SUBJECT: (Name of Limited Dab)	ility Company)	
The enclosed Articles of Organization and fee(s) are submitted	ed for filling.	
Please return all correspondence concerning this matter to the home of the plant of	υ το	
(Name o	f Person)	
· •	ompany)	
21 Belin Court  (Add  Crawforduille, Fr.  (City/State as	32327	
(City/State and Zip Code)  For further information concerning this matter, please call:		
Kevin Thompson at ( &	350 591. 0068 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$\\$130.00 Filing Fee & \$\times\$\$\\$15 \\ \text{Certificate of Status}\\ \text{(add}	5.00 Filing Fee & Sectificate of Status & Certificate Copy litional copy is enclosed)  Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
CCSW One Holdings, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:  31 Belin Court  Crowfordule, Fe 32327  Crowfordule, Fe 32327		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:  Kevin Thompson  Name		
Florida street address (P.O. Box NOT acceptable)  Completed to the FL 32327		
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 (REQUIRED)		

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	Kevin Thompson 31 Belin Court Accompanylle Fe 32327
MSRM	Cynthu Thompson 31 Belin Court Crawfordville, Fr. 32327
·	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: $\frac{9/25/2007}{0.000000000000000000000000000000000$
REQUIRED SIGNATURE:  Signature of a member of	an authorized representative of a member.

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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury