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SECRETARY OF STATE
ANALYSEE FROM

D. BRUCE

NOV 25 2008

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: CSS Trainers + Consultants LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RIFFAT QADEI (Name of Person)
CSS TRAINER & CONSULTANTS LLC (Firm/Company)
12283 N/W 68 H (+ (Address) Em 8
PARKLAND FL 33076 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 234 3304 Find 5
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee, FL 323142661 Executive Center Circle

Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	Limited Liability Company is	:	
CSS	TYCINEY 4 Must end with the words "Limited Liabi	Consultants 1 ility Company, "L.L.C.," or "LLC.")	<u>LC</u>
ARTICLE II - A The mailing addre		principal office of the Limited Lia	ability Company is:
Principal Office	Address:	Mailing Address:	
12283 68th Ct Florid	NW Parkland a 33076	<u>Samr</u>	
(The Limited Liability (d Office, & Registered Agent's stered Agent. You must designate an individ	
The name and the	Florida street address of the	registered agent are:	SEC TALE
(Mal)	PACIA GUERRERO Name 12283 NIW 68th	a ct Parkland	FILED NOV 24 PM RETARY OF S ANASSEE, FL
	Florida street ad PARK LAND City, State,	Idress (P.O. Box NOT acceptable) FL 33076 and Zip	D STATE FLORIDA
Umina haan nar	wad as vagistaved agout and to	accept service of process for the	nhous 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized presentative 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.)

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)

ARTICLE IV- Manager(s) or Managing Member(s):

Typed or printed name of signee