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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CSM Services, 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:
Chris Meyer
Name of Person
Firm/Company
5233 Malaga Ave
Sarasota F1 34235 City/State and Zip Code
E-mail address: (to be used for future annual seport notification)
For further information concerning this matter, please call:
Name of Person at () 339 - 4977 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 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 BuildingTallahassee, FL 323142661 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	:
(Must end with the words "Limited Liabi	lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5233 Malaga Ave Sarassa, FL 34235	5233 Malaga Ave Sarasata, FL 34235
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the Christophe Name 5233 Malasa Florida street address (P.O. Scrassofa	Ave Box NOT acceptable) FL 341235
City, State, a	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. 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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag "MGRM" = Mar		Name and Address:
MG2M		Christopher Meyer 5233 Malasa Ave
MGRY	1	Sonia Meyer 5233 Malasa Ave Sacasota, FL 34235
(Use attachment FICLE V: Effective on effective date is lis	date, if other than the da	te of filing: (OPTIONAL) pecific and cannot be more than five business days pr
r 90 days after the d		pecific and cannot be more than five business days pr
REQUIRED SIG	GNATURE:	$\cdot \sim$
REQUIRED SI		r an authorized representative of a member.
<u>REQUIRED</u> SI	Signature of a member of	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
<u>REQUIRED</u> SI	Signature of a member of (In accordance with section of this document constitut that the facts stated herein	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)
REQUIRED SIG	Signature of a member of (In accordance with section of this document constitut that the facts stated herein Typed	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

Page 2 of 2