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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 471-0894

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

bmann@nasonyeager.com

FLORIDA/FOREIGN LIMITED LIABILITY CO.
CS Insurance and Mitigation Inspections, LLC

Certificate of Status	0
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T. HAMPTON

DEC - 2 2009

EXAMINER

ARTICLES OF ORGANIZATION

OF

CS INSURANCE AND MITIGATION INSPECTIONS, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

CS INSURANCE AND MITIGATION INSPECTIONS, LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

590 East Forest Trail
Vero Beach, FL 32962

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV
MANAGEMENT

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of its Members and is, therefore, a member-managed company.

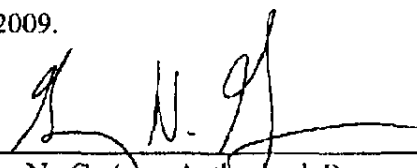
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ARTICLE V

ADMISSION OF ADDITIONAL MEMBERS

The Members shall have the right to admit additional members.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at West Palm Beach, Florida, for the uses and purposes aforesaid, this 1 day of December, 2009.



Gary N. Gerson, Authorized Representative of the
Members

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

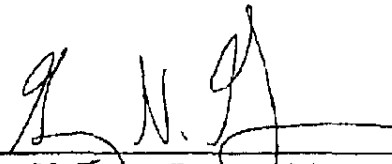
1. The name of the Limited Liability Company is:

CS INSURANCE AND MITIGATION INSPECTIONS, LLC

2. The name and the Florida street address of the registered agent and office are:

Gary N. Gerson
1645 Palm Beach Lakes Blvd.
Suite 1200
West Palm Beach, Florida 33401

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



Gary N. Gerson, Registered Agent