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C. LEWIS

May 6 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2010

COURTNEY E. SMITH CSM SERVICES, LLC 8980 SE 68TH TERR TRENTON, FL 32693

SUBJECT: CSM SERVICES, LLC Ref. Number: W10000009871

We have received your document for CSM SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 610A00004840

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CBM 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:		
Courtney E. Smith Name of Person		
CSM Services, LLC Firm/Company		
8980 SEGBILTERY Address		
Wenton, Fl 32693 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cecil W. Swith at (813) 817-4011 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee FL 32314 Clifton Building Tallahassee FL 32314 Clifton Building		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:
Csm Svc.	LLC
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1484 N. Blvd	8980 SE6815 Ferr
Tampa, 71 33613	Truston, F1 32693
14804 N Florida s	ristered Office, & Registered Agent's Signature: win Registered Agent. You must designate an individual or another of the registered agent are: W. SATK Name Blvd Street address (P.O. Box NOT acceptable)
1 ampa	FL 33413 City, State, and Zip
Having been named as registered agent	and to accept service of process for the above 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

FILED

ARTICLE IV- Manager The name and address of	r(s) or Managing Member(s): each Manager or Managing Member is as foll	lows: 2010 MAY -5 PM 3: 1
<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:	SECRETARY OF STATE
<u>mgr</u>	Courtney E. Sm H 8980 SF 6873 For Tranton, C1 326	1h Y- R3
mgrm	<u>Cecil W. Smr</u> 14804 NBNd <u>Tampa</u> 71 330	th
<u>mgrm</u>	Yhotzmine fields 1444 Sant Hullan Valrico Et 355	
(Use attachment if necess	ary)	
	her than the date of filing:late must be specific and cannot be more thang.)	
REQUIRED SIGNATU	RE: Multiple fine mg/ e of a member or an authorized representative of a	member.
(In according to the control of this does not the control of the c	dance with section 608.408(3), Florida Statutes, the experiment constitutes an affirmation under the penalties facts stated herein are true.) Outher Emily Min May Typed or printed name of signee	ecution
Filing Fees:	Typed or printed name of signee	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)