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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	· ,
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Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

MAY 1 2 2010

EXAMINER



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FILED SIGNETARY OF STATE SIVISION OF CORPORATION

B. KOHR

MAY 2 2010

EXAMINER

Division of Co	orporations		
SUBJECT: C&SV	/auit Company, LLC		
	Name of Limit	ted Liability Company	•
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:	
Charles E. Si	naw		
		Name of Person	10 K
C & S Vault (Company, LLC	•	
		Firm/Company	lo con
503 E 14th S	treet		10 MAY 10 AM 10: 59
		Address	S. S.
Sanford, Flor	ida 32771		
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	•	
Charles Shaw		at (407) 963-4943	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Mailing Address Registration Section	Street/Courier Address Registration Section	

Division of Corporations. P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Taltahassee, FL 32301

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The second secon
eny, "L.L.C.," or "LLC.")
55 T
office of the Limited Liability Company is:
ing Address:
14th Street
d, FI 32771

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:

Charles E	. Shaw
	Name
503 E. 14	th Street
	Florida street address (P.O. Box NOT acceptable)
Sanford	_{FL} 32771
	City, State, and Zip

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 Managing Member(s):

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

MGR	Charles E Shaw
	503 E 14th Street Sanford, Florida 32771
MGRM	Charles A. Shaw, Jr.
	503 E 14th Street Sanford, Florida 32771
(Use attachment if necessary)	
F V. Effective date if other than	the date of filing: (OPTIO

REQUIRED SIGNATURE:

Signature of a member or an authorized representative 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.)

Typed or printed name of signee

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)