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Certified Copies	Certificates	of Status		
Special Instructions to F	filing Officer:			

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORING

D. BRUCE
AUG | 8 2011
EXAMINER

# **COVER LETTER**

	TO:	Registration Division of	n Section Corporations				
•	SUBJE	CSN	terprises LLC				_
٠			Name of Limite	d Liability Co	ompany		
	The end	closed Articles	of Organization and fee(s) are s	ubmitted for	filing.		
	Please	return all corre	spondence concerning this matte	er to the follo	wing:		
		Sabine	Pinto				
				Name of Perso	n		
				Firm/Company	у	<u> </u>	
		60 Cinal	air Driva				
		ou Sinci	air Drive	Address			
				Addiess			
	9	Sarasota,	Florida 34240				
			_	/State and Zip	Code		
	-	sabine.pin	to@csngineering.com E-mail address: (to be used for	or future annua	report notification	A A A	<u> </u>
	For fur	ther information	on concerning this matter, please		Troport normanics.	ASSEE,	67 7
	Sabii	ne Pinto		at (941	、371 475	7	亚 称(
		Nan	ne of Person	Area		elephone Number	25
	Enclos	ed is a check	for the following amount:			-	
<b>V</b>	\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & 1 Copy 1 copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Addre stration Section sion of Corporation on Building Executive Cente	ons r Circle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AK	HCL	ЕI	- N	am	e
The	name	of	the	Lin	ni

ited Liability Company is:

<b>CSNte</b>	rprises	L	LC	`
90,10	. p	_		,

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Walling Address:</u>
60 Sinclair Drive
Sarasota Florida 34240
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are:
M S4 STATE FLORIDA
ress (P.O. Box NOT acceptable)
<sub>FL</sub> 34240
te, 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)

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

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

Title:		Name and Address:
	R" = Manager RM" = Managing Member	
MGR		Sabine Pinto 60 Sinclair Drive Sarasota, Fl 34240
MGF	₹	Craig Pinto
		60 Sinclair Drive Sarasota, Fl 34240
<del></del>	<del></del>	
(Use	attachment if necessary)	
(If an effectiv	: Effective date, if other than the date date is listed, the date must be sp after the date of filing.)	e of filing: (OPTIONAL) ecific and cannot be more than five business days prio
REQ	UIRED SIGNATURE:  Signature of a member or	an authorized representative of a member
	constitutes an arrinhation under the	penalties of perjury that the facts stated herein are true.  on submitted in a document to the Department of State provided for in s.817.155, F.S.)
	Sabine Pinto	_
	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)