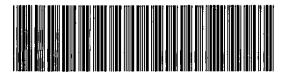
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B. BOSTICK
OCT 21 2011
EXAMINER

COVER LETTER

	tration Section on of Corporations	
SUBJECT:	CST Services, LLC.	
	Name of Limited Liability Company	
The enclosed A	Articles of Organization and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
<u>Juar</u>	n C. Arias	_
	Name of Person	
Law	Offices of Carlos A. Velasquez, P.A.	_
	Firm/Company	
101	North Pine Island Road, Suite 201	_
	Address	
Fort L	auderdale, FL 33324	= :
	City/State and Zip Code	0CT - T
<u>juan@</u>	Dvelasquez-law.com E-mail address: (to be used for future annual report notification)	70 1
Frank all 1 K	L., I.	~
For further info	ormation concerning this matter, please call:	
Juan C. Ar	rias at (954) 382-0533	AM III 60
	Name of Person Area Code & Daytime Telephone Number	0
Enclosed is a	check for the following amount:	
\$125.00 Filing	Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

CST Services, LLC. (Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
12524 W Atlantic Blvd.	101 North Pine Island Road, Suite 201 Fort Lauderdale, FL 33324	
Coral Springs, FL 33071		
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another-	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o	sistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another-	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	1 oct 20
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	1 ncT 20
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Juan C. Arias	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Juan C. Arias 101 North Pine	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:	1 ncT 20
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Juan C. Arias 101 North Pine	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another- of the registered agent are:	1 oct 20

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Fernando Martos 12524 W Atlantic Blvd. Coral Springs, FL 33071
	TACT 20
	20 MILLS
(Use attachment if necessary)	ORITE ORI
CLE V: Effective date, if other than the deffective date is listed, the date must be so days after the date of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	

(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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.7

Juan C. Arias

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)