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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 971004 7925155

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : January 22, 2014

ORDER TIME : 1:03 PM

ORDER NO. : 971004-005

CUSTOMER NO: 7925155

DOMESTIC FILING

NAME: CSI SPECIALISTS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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2014 JAN 23 1:03 PM
SUSIE KNIGHT

**ARTICLES OF ORGANIZATION
OF
CSI SPECIALISTS, LLC**

THE UNDERSIGNED, being a natural person of at least 18 years of age and acting as the organizer of the limited liability company (the "Company") being formed under the laws of the State of Florida, certifies that:

ARTICLE I. NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the limited liability company is: CSI Specialists, LLC.

ARTICLE II. NAME AND PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of the Limited Liability Company is: 320 Palmas Circle, St. Augustine, FL 32086, but it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The name and the Florida address of the registered agent of the limited liability company is: Lisa Ann Beggs, 320 Palmas Circle, St. Augustine, FL 32086.

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 605, F.S..


Lisa Ann Beggs, Registered Agent

ARTICLE IV. MANAGEMENT

Management of this limited liability company is reserved to its members. The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Title:
Authorized Member

Name and Address:
Lisa Ann Beggs
320 Palmas Circle, St. Augustine, FL 32086

ARTICLE V. MANAGEMENT

The articles of organization are to be effective upon filing.

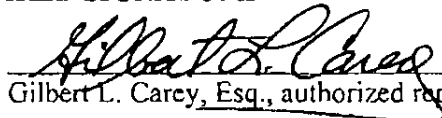
ARTICLE VI. PURPOSE

The business purpose of this limited liability company is to engage in any lawful activity or business for which limited liability companies may be organized under the Florida Statutes; provided, however, that the limited liability company is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without first obtaining the consent of such body.

ARTICLE VII. DURATION

This limited liability company shall exist until dissolved in a manner provided by law, or as provided in the regulations adopted by the members.

REQUIRED SIGNATURE:


Gilbert L. Carey, Esq., authorized representative

(In accordance with section 605.0203 (1) (b), 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.)

FILED
2019 JUN 13 PM 4:25
TALLAHASSEE, FLORIDA