L140000098304

(Re	equestor's Name)
(Ad	dress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



800259789688

06/17/14--01011--016 **160.00

EFFECTIVE DATE

FILED
14 JUN 17 - PH 3: 07

COVER LETTER

 TO:	Registration Section Division of Corporations		
SUBJE	CT: CenSE', LLC Name of Li	imited Liability Company	
The enc	losed Articles of Organization and fee(s)	are submitted for filing.	
Please r	eturn all correspondence concerning this r	natter to the following:	
	Michael P. Meaney	Name of Person	
	CenSE`, LLC	Firm/Company	
	104 Sisso Cove	Address	
	Winter Springs, Florida, 32708-81	61	
.ma	neaney@cfl cr.com	City/State and Zip Code ed for future annual report notifica	tion)
For furth	ner information concerning this matter, pla	•	
Michae	I P. Meaney at (Name of Person	407) 493-0325 Area Code Daytime Tel	ephone Number
_	d is a check for the following amount: Filing Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

EFFECTIVE DATE 7-1-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		Pro to
The name of the Limited Liability Company is:		经三百
		755
CenSE`, LLC	imited Liability Company, "L.L.C.," or "LLC.")	— 경 고
(Must end with the words Li	inned Liability Company, L.L.C., or LEC.	بن مركز
ARTICLE II - Address: The mailing address and street address of the princ	sipal office of the Limited Liability Company is:	PA 3: 07
Principal Office Address:	Mailing Address:	,
104 Sisso Cove	104 Sisso Cove	
Winter Springs, FI 32708-8161	Winter Springs, FI 32708-8161	
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis.) The name and the Florida street address of the regis. Michael P. Meaney	stration.)	
	Name	
404.54		
104 Sisso Cove Florida street address (P.0	O Roy NOT accentable)	
i wida succe augiess (i .c	o, Box NOT acceptable)	
Winter Springs	FL 32708-8161	
City	Zip	
capacity. I further agree to comply with the provi	cept service of process for the above stated limited accept the appointment as registered agent and a isions of all statutes relating to the proper and con the obligations of my position as registered agent a Chapter 605, F.S	gree to act in this aplete performance

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member MGR" = Manage r	Name and Address:
AMBR	Michael P. Meaney
	104 Sisso Cove
	Winter Springs, FL 32708-8161

V: Effective date, if other than the date of	filing: July 1st, 2014 (OPTIONAL)
V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	filing: <u>July 1st, 2014</u> . (OPTIONAL) fic and cannot be more than five business days prior to or
V: Effective date, if other than the date of etive date is listed, the date must be specifilling.) VI: Other provisions, if any.	filing: July 1st, 2014 (OPTIONAL) fic and cannot be more than five business days prior to or
REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information.)	filing: July 1st, 2014 (OPTIONAL) fic and cannot be more than five business days prior to or over or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
CV: Effective date, if other than the date of effive date is listed, the date must be special filing.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memical file of the section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a Michael P. Meepo	the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
CV: Effective date, if other than the date of effective date is listed, the date must be specifiling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a Michael P. Meepo	the penalties of perjury that the facts stated herein are true. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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