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- ☐ **CERTIFIED COPY** \_\_\_\_\_
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- xx** **FILING** LLC \_\_\_\_\_

1. **CSARF Consulting, LLC**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

CSARF CONSULTING, LLC

**ARTICLE II: ADDRESS**

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

5662 Vintage Oaks Circle  
Delray Beach, Florida 33484

**ARTICLE III: PURPOSE**

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

**ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

Grant W. Kehres  
2000 Glades Road, Suite 302  
Boca Raton, Florida 33431

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE V - MANAGEMENT:**

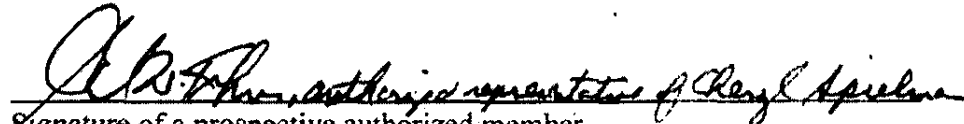
The Limited Liability Company is to be managed by its members and is, therefore, a member - managed company. The name and address of the member is:

Title: Authorized Member (AMBR)  
Cheryl Spielman  
5662 Vintage Oaks Circle  
Delray Beach, Florida 33484

**ARTICLE VI - EFFECTIVE DATE:**

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.

  
Signature of a prospective authorized member  
or an authorized representative of a prospective authorized member

(In accordance with Section 605.0203, 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 Section 817.155, Florida Statutes.)

GRANT W. KEHRES, authorized representative of Cheryl Spielman  
Typed or printed name of signee.

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