## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. CSPR FOOD SERVICES, LLC

Certificate of Status	1
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N. SAMS

JAN 24 2017

ARTICLES OF ORGANIZATION 17 JAN 23 PH II: 52

FOR

LORIDA LIMITED LIABILITY COMPANY ASSESSMENTAL PROPRIA

HASSES, FLORI
ARTICLE I - Name:
The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company,
CSPL FOOD GENVICES LUC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
164 SW B ST MIEMI 33135
4 W6 102
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
BICACO PADOON
MOHIL SIN & ST
Microsi El 33135
MIGHT FL 50.05
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
MBR - ALTREOD ROOTENES
AMBR- EXITIONE PADOCON
AMBR-RICATOO PAOCON
AMBR - HUMBERTO RADROM
IMBR - WIS PLAZ
AMBR - DIRGO SE DURCA
AMBR- ALRICA HAVAMO

H17000020842

Required Signatures:

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

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.

Typed or printed name of signee

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 acceptable obligations of my position as registered agent as provided for the Chapter 205, F.S..

Registered Agent's Signature (REQUIRED)