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Florida 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  
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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

CARSYN & Company LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

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Help

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17 NOV 29 PM 2:51

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11/29/2017 9:33:23 AM PAGE 1/001 Fax Server



November 29, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: CARSYN & CO. LLC  
REF: W17000094399

We have received your document for CARSYN & CO. LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the entity cannot include "CO." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist II

FAX Aud. #: H17000311555  
Letter Number: 317A00024004

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

CARsyn & Company LLC

**ARTICLE II - Address:**

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

2616 NE 1st

Homestead FL 33033

**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.)*

CRAIG Casimir

2616 NE 1st

Homestead FL 33033

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

CRAIG Casimir (AMBR)

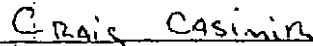
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**Required Signatures:**

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**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.

  
Craig Casimir**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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

  
**Registered Agent's Signature (REQUIRED)**

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