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(Requestor's Name)
(Nequestors Harrie)

(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. SCOTT



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COVER LETTER

TO: New Filing Se Division of Co		1 = 1 + 1	I Limboull
SUBJECT:	A Q U A Y	TUS LOGIS Till ited Liability Company	THE CS HOLLING LLC
The enclosed Articles of	Organization and fec(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
	Louis J.	Boetiste	
		Name of Person	
	<u>-</u>	W //}	
		Firm/Company	
302	28 corrib or	•	
		Address	
tall	ghassee. FL,	32309	
	a hassee, FL (C)	ty/State and Zip Code	***************************************
	E-mail address: (to be used to	or future annual report notificat	ion)
For further information ec	oncerning this matter, please	call:	
1	_	0.20 1	etal
		ea Code Daytime Telephon	
i van	ic of reison Air	ca code Dayume relephon	CINDINOCI
Enclosed is a cheek for t	he following amount:		
□\$125.00 Filing Fee	130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Matti	an Addrage	Street Address	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The fame of the families family	Company is:		Holling ICS LLC.	
A Q UA (Must consti	RIVS Lo	DGIST bility Company	ICS LLC. ("L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	e of the Limite	d Liability Company is:	
3028 COME	Office Address: O(, ;PL, 32309		Mailing Address: 2018 (oN.i. Or. 41(USSEC/FL, 32309	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an ac	annot serve as its own Re	gistered Agent	ent's Signature: . You must designate an individual o	r
The name and the Florida street ac	ldress of the registered ag	ent are:		
	<u>louis</u> T	Bueta	le	
	Florida street address (P	ib pr		
	Florida street address (P	O. Box NOT	acceptable)	
	74/ahussre City	R	32309	
	Cim	State	Zip	
	City		•	

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M6R	Kadeem Elvin Elvin
	[allahasse 12 7209
	•
	•
(Use attachment if necessary)	21220
he date of filing.) Note: If the date inserted in this block does	e date of filing: 2126 20 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
he document's effective date on the Departi	ment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of	a member or an authorized representative of a member.
This document is e I am aware that any	e false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
	Louis Buyere
	Typed or printed name of signee

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)