3/12/2020

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. CSJS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Tl	iC	LE	1.	- N	2	me	

The name of the Limited Liability Company is:

CSJS HOLDINGS, LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

9380 SW MIAMI,

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

Principal Office Address:	Mailing Address:			
54th ST	9380 SW 54th ST			
FL 33165	MIAMI, FL 33165			

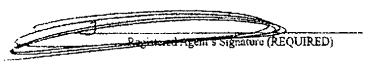
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

Ben Financial Ser	vices, Inc.	
	Name	
10500 NW 26th S	t Ste # A-101	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Doral	FL	33172
City	State	7:n

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.,



(CONTINUED)

To:	Page	4	of	

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Carlos Sosa 9380 SW 54th ST MIAMI, FL 33165
<u> </u>	
(Use attachment if necessary)	
on effective date is listed, the date must be date of filing.)	date of filing:
REQUIRED SIGNATURE:	

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

This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree it on that a provided for in s.817.155, F.S.

Carlos Sosa

Typed or printed name of signee

Filing Fees:

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

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