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Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : 120856008118
Phone : (305)774-9686
Fax Number : (305)774-9660

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

Email Address: drbucko2000@yahoo.com

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FLORIDA LIMITED LIABILITY CO. CSIBI MANAGEMENT, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
CSIBI MANAGEMENT, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

CSIBI MANAGEMENT, LLC

ARTICLE II - ADDRESS:

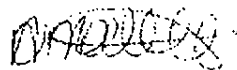
The mailing and principal address of the Limited Liability Company is:

**PRINCIPAL ADDRESS: 9850 Scribner Lane
Wellington, FL 33414**

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

The Registered Agent designated is: **AMANDA MARTINCAVAGE**

**7074 Lake Island Dr
LakeWorth, FL 33467**



Having been named as registered agent and to accept service of process for the above stated Limited Liability Company in 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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	TIBOR BUCKO 9850 Scribner Lane Wellington, FL 33414
Member/Owner	TIBOR BUCKO LIVING TRUST n/a/d December 28, 2023 9850 Scribner Lane Wellington, FL 33414



TIBOR BUCKO
Manager

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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