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: 8-18-95 : 14:36 : JACKSONVILLE OFFICE- DIV OF CORPORATIONS: # 2/ 6

L95000000638

PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS FROM: FOLEY & LARDNER
DEPARTMENT OF STATE 200 LAURA ST
STATE OF FLORIDA
409 EAST GAINES STREET JACKSONVILLE FL 32202-
TALLAHASSEE, FL 32399 CONTACT: KAREN PETERSON
FAX: (904) 922-4000 PHONE: (904) 359-2000
FAX: (904) 359-8700
DOCUMENT TYPE: LIMITED LIABILITY COMPANY
NAME: CSC OPTION COMPANY, L.C.
FAX AUDIT NUMBER: H95000009159 CURRENT STATUS: REQUESTED
DATE REQUESTED: 08/18/1995 TIME REQUESTED: 11:25:45
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 4 METHOD OF DELIVERY: FAX
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(((H95000009159)))

95 AUG 18 11:25:45
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DIVISION OF CORPORATIONS
JACKSONVILLE, FLORIDA

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1995 AUG 18 11:25:45

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CLARENCE

SENT BY: FOLEY & LARDNER

: 8-18-95 : 14:30 : JACKSONVILLE OFFICE - DIV OF CORPORATIONS: # 1 / 0

FOLEY & LARDNER

POST OFFICE BOX 240
JACKSONVILLE, FLORIDA 32201-0240

THE GREENLEAF BUILDING
300 LAURA STREET 32202-3520
TELEPHONE (904) 358-2000

ORLANDO, FLORIDA
TALLAHASSEE, FLORIDA
TAMPA, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
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ALEXANDRIA, VIRGINIA
ANNAPOLIS, MARYLAND

FACSIMILE TRANSMISSION

TO: Florida Division of Corporations

FAX NO.: (904)922-4000

FROM: Karen Peterson

FAX NO.: (904) 359-8700

DATE: August 18, 1995

TIME: 2:42pm

NO. OF PAGES (including this page): 6

MESSAGE: RE: Fax Audit No. H95000009159 - The attached is being resubmitted to include the address of the incorporator.

OPERATOR:

FILE NO.: 80905/102

IF YOU DO NOT RECEIVE ENTIRE FAX TRANSMISSION,
PLEASE CALL US AS SOON AS POSSIBLE AT (904) 358-2000

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**ARTICLES OF ORGANIZATION
OF
CSC OPTION COMPANY, L.C.**

55 AUG 18 1983
JACKSONVILLE
FLORIDA

1. Name and Principal Place of Business. This limited liability company, organized pursuant to Chapter 608, Florida Statutes, shall be known as CSC Option Company, L.C. Its mailing address and its principal office shall be located at 250 Australian Avenue South, Suite 1003, West Palm Beach, Florida 33401.

2. Commencement and Duration of Existence. This limited liability company shall exist from the date of its commencement, which shall be the date of filing of these Articles with the Florida Secretary of State, until January 1, 2065, unless earlier terminated in the manner provided by law or as provided in the regulations adopted by the members.

3. Purposes and Powers. This limited liability company is organized for all lawful purposes and shall have all powers now or hereafter granted to limited liability companies under the Florida Statutes.

4. Office and Registered Agent. The name and address of the initial registered agent for the limited liability company in the State of Florida are:

Adam Schlesinger
250 Australian Avenue South
Suite 1003
West Palm Beach, Florida 33401

5. Admission of Additional Members. Additional members may not be admitted except as provided in the regulations adopted by the members.

6. Continuation of Business. Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, or the occurrence of any of the other events specified in Fla. Stat. Section 608.441(1) which causes the dissolution of the limited liability company, unless the dissolution of the limited liability company is a consequence of a unanimous written agreement of all members, the remaining members, if there are at least two remaining members, may vote within ninety (90) days following knowledge by the limited liability company of such event whether or not to continue to conduct the affairs of the limited liability company. The affirmative vote or written consent of a majority in interest (measured by their percentage interests in profits and losses absent special allocations) of the remaining members shall be required to continue the business of the limited liability company.

SENT BY: FOLEY & LARDNER

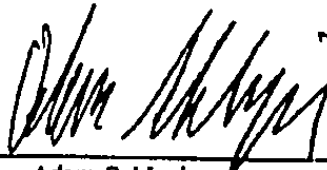
: 8-18-05 : 14:38 : JACKSONVILLE OFFICE- DIV OF CORPORATIONS: # 4/ 0

Fax Audit No. 1195000009159

7. **Management.** The limited liability company is to be managed by one managing member. The name and address of the initial managing member who is to serve until the first annual meeting of members or until his successor is elected and qualified are as follows:

Adam Schlesinger
250 Australian Avenue South
Suite 1003
West Palm Beach, Florida 33401

IN WITNESS WHEREOF, the undersigned incorporator, who is a member, has executed, subscribed to and acknowledged these Articles of Organization this 17th day of August, 1995.

By: 
Adam Schlesinger
250 Australian Avenue South
Suite 1003
West Palm Beach, Florida 33401

SENT BY: FOLEY & LARDNER

1 8-10-95 : 14:39 : JACKSONVILLE OFFICE- DIV OF CORPORATIONS: # 5/ 0

Fax Audit No. H95000009159

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above stated limited liability company, as the place designated in the above Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and I accept the obligations of a registered agent.

REGISTERED AGENT



Adam Schlesinger, Registered Agent

Date: August 17, 1995

Fax Audit No. H95000009159

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

In compliance with Florida Statutes Section 608.407(2), the undersigned member of CSC
Option Company, L.C. deposes and states:

1. The limited liability company identified above has at least two members.
2. No cash has been contributed yet by the members.
3. No other property is being contributed by the members.
4. The total amount of cash anticipated to be contributed by the members is \$1,000.

IN WITNESS WHEREOF, the undersigned has executed this Affidavit this 17th day of
August, 1995.


Adam Schlesinger
STATE OF FLORIDA
COUNTY OF PALM BEACH

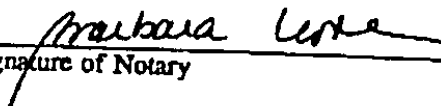
The foregoing instrument was acknowledged before me this 17th day of August, 1995,
by Adam Schlesinger. Such person did take an oath and: (notary must check applicable
box).

☒ is personally known to me.

☐ produced a current Florida driver's license as identification.

☐ produced _____ as identification.

{Notary Seal must be affixed}



Signature of Notary

Name of Notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal):

My Commission Expires (if not legible on seal):

FILE NOW: Fee after May 1, will be \$263.75

**APPROVED
AND
FILED**

96 APR -2 PM 2:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Montford
Secretary of State
DIVISION OF CORPORATIONS**

**FILING FEE
\$ 238.75**

**Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

**1. Name and Mailing Address
of Limited Liability Company**

DOCUMENT # L95000000638

**CSC OPTION COMPANY, L.C.
250 AUSTRALIAN AVENUE SOUTH, STE. 1003
WEST PALM BEACH FL 33401**

1a. Principal Place of Business Address

**250 AUSTRALIAN AVENUE SOUTH,
WEST PALM BEACH FL 33401**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

08/18/1995

FL

4. FET Number

☒ **Applied For**

☐ **Not Applicable**

5. Date of Last Report

6. Certificate of Status Desired

☐ **Yes (Additional Fee Required)**

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**SCHLESINGER, ADAM
250 AUSTRALIAN AVENUE SOUTH, STE. 10
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

980801-770265

-04/05/96--01020--008

*****238.75 - ***238.75**

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(If Registered Agent Accepting Appointment) (If Not, Registered Agent signature and print name, and company)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

SCHLESINGER, ADAM

250 AUSTRALIAN AVENUE SOUTH WEST PALM BEACH FL

2/9/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Adam Schlesinger

2/9/96

*(454)
731-0220*