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Special Instructions to I	Filing Officer:	
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Office Use Only



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B. BOSTICK
MAY - 1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CSUSA CLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
CHRISTIAN GORLOFF
Name of Person
Firm/Company
100 S. POINTE DRIVE #2903
MIAMI BEACH FIA 33139 City/State and Zip Code
GORLOFF OME. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CITAISTAN GORLOFF at 286 556 5139 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
CSUSA? IIC
1
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DE LAURE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-1579865 (FEI number, if applicable)
4. (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
1. 100 S. POINTE DRIVE, #29035
MIAMI BEACH FLORIDA 33139 - (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
CHRISTIAN GORLOFF
100 S. POINTE DRIVE, #2903
MIMMI BEACH, FLORIUM 33139
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida SENERAL PURPOSE (CC
Call.
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., 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.)

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: CSUSA A, CC	
If unavailable, the alternate to be used in the state of Florida is:	
No. of the second secon	·
2. The name and the Florida street address of the registered agent and office are:	
CHRISTIAN GORLOHE TOTAL	P M
<i>M</i>	;
100 S. Pointe DRIVE, #290 3	4-
MIAMI BEACH FL 33139 City/State/Zip	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSUSA2 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL, A.D. 2011.

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AUTHENTICATION: 8700508

DATE: 04-18-11