

# NORTH CAROLINA Department of the Secretary of State

### To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

#### ARTICLES OF ORGANIZATION

**OF** 

### **CSWR-NORTH CAROLINA, LLC**

the original of which was filed in this office on the 18th day of November, 2019.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of November, 2019.

Elaine J. Marshall

Secretary of State

#### State of North Carolina Department of the Secretary of State

SOSID: 1918561
Date Filed: 11/18/2019 2:40:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2019 319 00606

## Limited Liability Company ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1.	The name of the limited liability company is: CSWR-North Carolina, LLC				
•	(See Item lof the Instructions for appropriate entity designation)				
2.	The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both by checking				
	all applicable boxes.) Note: This document must be signed by all persons listed.				
	Name Business Address Capacity				
	Caroline Doss 13421 Manchester Rd. Suite 103 St. Louis, MO 63131 Member Organizer				
	Member Organizer				
	Member Organizer				
3.	The name of the initial registered agent is: C T Corporation System				
4.	The street address and county of the initial registered agent office of the limited liability company is:				
	Number and Street 160 Mine Lake Ct, Suite 200				
	City Raleigh State: NC Zip Code: 27615-6417 County: Wake				
5.	The mailing address, if different from the street address, of the initial registered agent office is:				
	Number and Street				
	City         State: NC Zip Code:         County:				
C	Dain in 1 off a laft month of (Calast eithers and )				
6.	Principal office information: (Select either a or b.)				
	a. The limited liability company has a principal office.				
	The principal office telephone number: 314-736-4672				
	The street address and county of the principal office of the limited liability company is:				
	Number and Street: 500 Northwest Plaza Drive, Suite 500				
	City: St. Ann State: MO Zip Code: 63074 County: St. Louis				

BUSINESS REGISTRATION DIVISION (Revised August. 2017)

P.O. BOX 29622

Raleigh, NC 27626-0622 Form L-01

			Zip Code: County:	
	b. The limited liability co	ompany does not h	ave a principal office.	
•	Any other provisions which the attached.	limited liability co	mpany elects to include (e.g., the purpose of the entity) ar	
	(Optional): Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.			
	Name	Title	Business Address	
		Il e-mail the busines	ress:	
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