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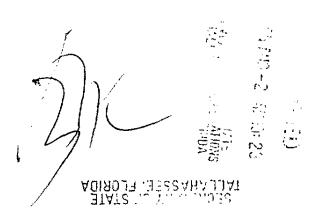
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CAPITAL CONNECTION, INC. 417 E. Vitginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	OF AUG-2 AH 11:06 TALLAHASSET FLORIDA
	Art of Inc. File LTD Partnership File Foreign Corp. File
	L.C. File Fictitious Name File
	Trade/Service Mark Merger File
	Art. of Amend. File RA Resignation
	Dissolution / Withdrawal Annual Report / Reinstatement
	Cert. Copy Photo Copy
	Certificate of Good Standing Certificate of Status
	Certificate of Fictitious Name Corp Record Search
	Officer Search Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search Driving Record
Requested by:	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

A Compression of the State of

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APL PHACO	1-116,2 m	71.00	ò
	CLORION OF	2.06	

ARTICLE I - Name: The name of the Limited Liability Company is:	¥
The name of the Limited Liability Company is: Chip Quest	LLC
ARTICLE II - Address: The mailing address and street address of the principle.	
Principal Office Address:	Mailing Address:
N. U.S HIGHWAY 17-92	SAME
SUITE 102A	
DEBARY FL 32713	
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	
ROBERT T. P	ARZIGIAN
	HWAY 17-92 SUITE 10. OX NOT acceptable)
DEBARY	FLORIDA 327/3

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..

Registered Agent's Sign

Page 1 of 2 (CONTINUED)

1

ARTICLE IV- Manager(s) of The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	ROBERT T. ARZIGIAN 615 N. US HWY 17-92, SUITE 102A DEBARY, FL 32713
(Use attachment if necessary)	
NOTE: An additional article REQUIRED SIGNATURE:	must be added if an effective date is requested.
(In accordance with: of this document con that the facts stated h	
<i>R</i>	OBERT T. ARZIGIAN Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)