

L070000033065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

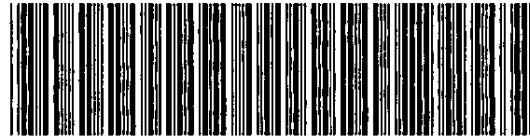
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Effective Date *7-1-13*

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2013 JUL -1 AM 8:30  
STATE CLERK OF STATE  
TALLAHASSEE, FL 32310

FILED

J. SAULSBERRY  
EXAMINER

JUL -2 2013



June 25, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2013 JUL -1 AM 8:30  
FILED  
OFFICE OF THE STATE  
SECRETARY OF CORPORA  
TION

Re: Amended and Restated Articles of Organization for Chapel Trail Associates, LLC

Dear Registration Section:

Enclosed please find the following:

- a) Amended and Restated Articles of Organization for Florida Limited Liability Company
- b) Our check for \$60.00 payable to the Florida Department of State for the following items:
  - i) \$25.00 filing fee;
  - ii) \$30.00 certified copy;
  - iii) \$5.00 certificate of status

Thank you for your cooperation.

Very Truly Yours,

Paul Koenig

C H A P E L T R A I L

AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME:

The name of the Limited Liability Company is:

Chapel Trail Associates, LLC

ARTICLE II – ADDRESS:

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

**Principal Office Address:**

21011 Johnson Street #101  
Pembroke Pines, FL 33029

**Mailing Address:**

21011 Johnson Street #101  
Pembroke Pines, FL 33029

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

Michael Koenig  
21011 Johnson Street #101  
Pembroke Pines, FL 33029

*Having been named as registered agent and to accept service of process for the above state 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, F.S.*

  
\_\_\_\_\_  
Registered Agent Signature (required)

ARTICLE IV – MANAGING MEMBER:

The name and address of the Managing Member is as follows:

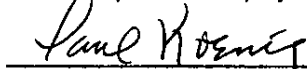
Chapel Trail, LLC  
21011 Johnson Street #101  
Pembroke Pines, FL 33029

ARTICLE VI: TERM OF EXISTENCE: This Limited Liability Company shall have perpetual existence unless dissolved by action of law

ARTICLE VII: EFFECTIVE DATE: July 1, 2013

REQUIRED SIGNATURE:

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Paul Koenig – Signature of a Member

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TALLAHASSEE FLORIDA  
CLERK OF STATE