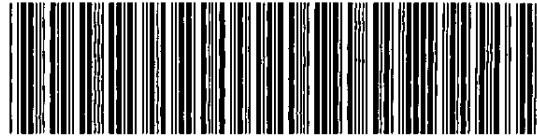


W08000045643



400125246054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

04/24/08--01030--019 **125.00

08 MAY - 6 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Special Instructions to Filing Officer:

789.707 671

Office Use Only

W08-21054

M. Thomas MAY - 7, 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chipps Auction Team, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon C. Chipps
(Name of Person)
Chipps Auction Team LLC
(Firm/Company)
5291 Shoreline Circle
(Address)
Sanford, FL 32771
(City/State and Zip Code)

FILED
08 MAY - 6 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lori L. Chipps at (407) 731-5473
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
 - \$130.00 Filing Fee & Certificate of Status
 - \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
 - \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- All ready Submitted*

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2008

JON C. CHIPPS
5291 SHORELINE CIRCLE
SANFORD, FL 32771

SUBJECT: CHIPPS AUCTION TEAM, LLC
Ref. Number: W08000021054

We have received your document for CHIPPS AUCTION TEAM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 008A00025257

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY - 6 PM 2:03

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chipp's Auction Team LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5291 Shoreline Cr.
Sanford, FL 32777

5291 Shoreline Cr.
Sanford, FL 32777

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

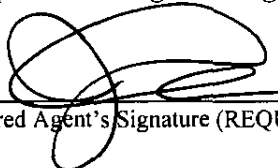
The name and the Florida street address of the registered agent are:

Jon C. Chipp's
Name

5291 Shoreline Cr.
Florida street address (P.O. Box NOT acceptable)

Sanford FL 32771
City, State, and 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, F.S..


Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

08 MAY - 6 PM 2:03

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jon C. Chipps
5291 Shoreline Circle
Sanford, FL 32771

MGRM

Lori L. Chipps
5291 Shoreline Circle
Sanford, FL 32771

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY - 6 PM 2:03

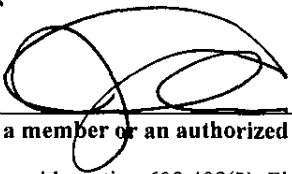
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Jon C. Chipps
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)