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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SEURLIARY OF STATE
AND ANY SEEF FI ORIDA

K. SALY EXAMINER

SEP - 4 2013

(850) 245-6051.

COVER LETTER

10:	Division of Co			
SUBJE	сст: <u>СИИ</u>	Name of Limit	ON CONSULTING, I	LC
The en	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	\mathcal{L}	AMILLE ANJE	HIGHAM	
			Name of Person	
			Firm/Company	
	617	77 BELLERIVE	Address	·
			Address	
	JACK	CSONVILLE, FL	32256	
	tī)	burones376	y/State and Zip Code Jakoo. com For future annual report notification)	
For for				
		concerning this matter, please		
CAI	MILLE AN Name	JESH1GHAM of Person	at (574) 30 P-9	817 Ohone Number
Enclos	sed is a check for	or the following amount:		
□ \$125.	00 Filing Fec	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIMERIC INNOVATION (Must end with the words "Limited Liability	CONSULTING UC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
G177 BELLERIVE CT JACKSONVILLE, PLZZZZZE	GITTBELLE RIVE CT JACKSONVILLE, FL 32256
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the reg	gistered agent are:
CAMILLE ANJE	SHIGHAM ED TO
Name	is i
6177 BELLER	ess (P.O. Box NOT acceptable)
	\sim \sim \sim
JACKSONVILLE, City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	eccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	CAMILLE ANSES HIGHAM 6177 BELLE RIVE CT THUKSONVILLE, FL 32256
(Use attachment if necessary)	
FICLE V: Effective date, if other the	an the date of filing: 8 29 13 . (OPTIONAL) must be specific and cannot be more than five business d
or to or 90 days after the date of fili	
REQUIRED SIGNATURE:	
Signature of a r	member of an authorized representative of a member.
(In accordance with secti- constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document nunder the penalties of perjury that the facts stated herein are true.
	e felony as provided for in s.817.155, F.S.)

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)