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TALLAHASSEE, FLORIDA

MAR - 3 2013

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chiotaki Realty, 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:

David J. Baker, Paralegal  
Name of Person

Whiteford, Taylor & Preston, LLP  
Firm/Company

7 Saint Paul Street, Suite 1500  
Address

Baltimore, Maryland 21202-1636  
City/State and Zip Code

dbaker@wtplaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Baker at ( 410 ) 659-6472  
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)

**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

WHITEFORD, TAYLOR & PRESTON L.L.P.

SEVEN SAINT PAUL STREET  
BALTIMORE, MARYLAND 21202-1636

MAIN TELEPHONE (410) 347-8700  
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DAVID BAKER  
PARALEGAL  
DIRECT LINE 410-659-6472  
DIRECT FAX 410-223-3731  
dbaker@wtplaw.com

BALTIMORE, MD  
BETHANY BEACH, DE\*  
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WWW.WTPLAW.COM  
(800) 987-8705

February 27, 2014

**VIA FEDERAL EXPRESS**

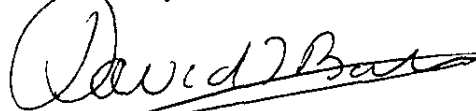
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: ACV Consulting, LLC  
Chiotaki Realty, LLC  
Galeese Realty, LLC**

Dear Sir or Madam:

Enclosed for filing on behalf of the above referenced limited liability companies are three (3) Articles of Organization, as well as three (3) checks, each in the amount of \$125.00, in payment of the filing fee. Please date stamp each copy, to indicate the date of filing, of each Articles of Organization and return them to me in the enclosed self-addressed envelope. Please contact the undersigned should you have any questions or concerns.

Sincerely,



David Baker  
Paralegal

DJB:djb

Enclosures

cc: Jerald B. Lurie, Esquire

2084205

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chiotaki Realty, 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:**

c/o ResAgent, Inc.: 7 Saint Paul Street  
Baltimore, Maryland 21202-1636

**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:

Peter Dagios

Name

545 Main Street

Florida street address (P.O. Box **NOT** acceptable)

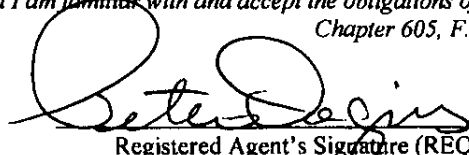
Dunedin

City

FL 34698

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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Angelo C. Voxakis

c/o ResAgent, Inc.: 7 Saint Paul Street

Suite 1500; Baltimore, Maryland 21202-1636

\_\_\_\_\_  
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\_\_\_\_\_

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(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Angelo C. Voxakis, Authorized Member

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)

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