## L14000168916

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SPERFRARY OF STATE
TACLARIASSEE FLORIDA

A. States OCT 2.5 2014

## COVER LETTER

	on Section f Corporations	·	
SUBJECT: Chun	ky Royale LLC Name of Li	mited Liability Company	
The enclosed Articl	es of Organization and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
<u>Charle</u>	s M Starkey	Name of Person	
<u>Chunk</u>	y Royale LLC	Firm/Company	
<u>1201 N</u>	IW 39th Street	Address	<del></del>
Gaines	ville, Fl, 32605		
tecstar4@yah	loo.com	City/State and Zip Code	ation)
For further informat	ion concerning this matter, ple	•	aitoti)
Charles M. Starke N	at (at (at (	352 ) 317-7847 Area Code Daytime Te	lephone 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)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration Section	Street/Courier Add Registration Section	Tess

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

Registration Section
Division of Corporations
Clifton Building
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:	
Chunky Royale LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1201 NW 39th Street Gainesville Fl. 32605	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a	Registered Agent, You must designate an individual or )
The name and the Florida street address of the registered a	gent are.
Charles M. Starkey Name	
Hant	
1201 NW 39th Street	NOT
Florida street address (P.O. Box ]	NOT acceptable)
Gainesville	FL 32605
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	rice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE Page 1 of 2	T 29 AH S

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Chad M. Starkey 1201 NW 39th Street Gainesville Fl. 32605
MGR	Charles M. Starkey 1201 NW 39th Street Gainesville, Fl. 32605
EV: Effective date, if other than the da	ate of filing: January 1st 2015 (OPTIONAL)
(Use attachment if necessary)  EV: Effective date, if other than the descrive date is listed, the date must be of filing.)  EVI: Other provisions, if any.	nte of filing: <u>January 1st 2015</u> . (OPTIONAL)  specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the descrive date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be if filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the descrive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a regular of	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  505.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
E V: Effective date, if other than the descrive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a regular of	nember or an authorized representative of a member.  505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are trile, comparison submitted in a document to the Department of State only as provided for in s.817.155, F.S.)