pg 1 of 4

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO. \*Resubmit Following Rejection\*

## Chubby Ventures, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

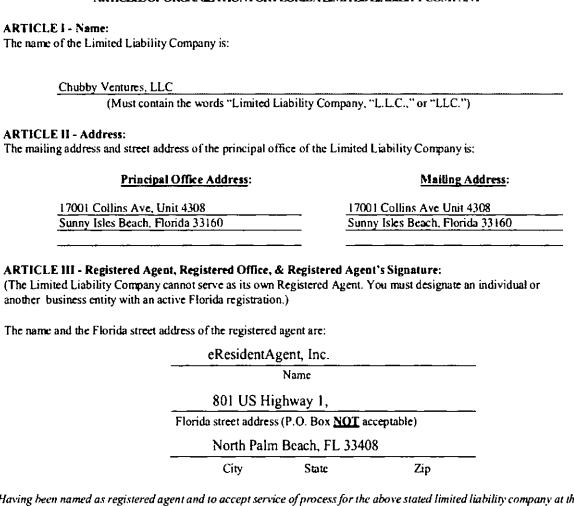
### **COVER LETTER**

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SUBJECT:	Chubby Ve	entures, LLC						
SUBJECT.	<del></del>	Na	me of Lim	ited Liab	ility Company		<del>_</del>	
The enclose	d Articles of	Organization and	d fee(s) are	submitte	d for filing.			
Please return	n all correspo	ndence concerni	ing this mat	tter to the	following:			
	Erika Ea	ıster						_
				Name o	f Person			
	eMinute	:s						_
				Firm/C	отрапу			
	228 Par	k Ave S, PMI	B 50845					_
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<del></del>	Erika East	<b>e</b> r	at ( <u>3</u>	10	) 820-1000		<u>.</u>	据 23
	Nam	e of Person	Ar	ea Code	Daytime Telepho	one Number		177
Enclosed is	a check for th	ne following amo	ount:					PH 9: 1
□\$125.00	Filing Fe <del>c</del>	□\$130.00 Fil Certificate of		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	Certific Certifie	00 Filing Fee cate of Status & d Copy al copy is enclo	k.
		g Address			Street Address New Filing Section	Division		

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

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



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 a position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

2022 HAR 23 PH 9: 48

### ARTICLE IV-

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

Use attachment if necessary)  EV: Effective date, if other than the date of filing	"AMRR" = Aut	horized Member	
Use attachment if necessary)  EV: Effective date, if other than the date of filing (OPTIONAL)  Cive date is listed, the date must be specific and cannot be more than five business days prior to or filing)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.  EVI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of State is recorded for in s.817.155, F.S.  Erika Easter, Authorized Representative  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certifical Copy (Optional)  \$5.00 Certificate of Status (Optional)			
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