

LO7000049253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

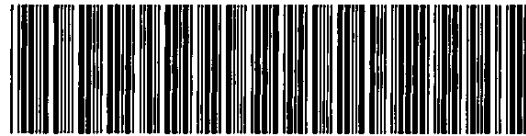
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600101579506

05/08/07--01024--015 **160.00

FILED
07 MAY -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

.. COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHACE FINANCE 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:

ROBERTO REYMUNDO

(Name of Person)

CHACE FINANCE LLC

(Firm/Company)

10430 SW 40TH STREET

(Address)

MIAMI, FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO REYMUNDO at (305) 207-3392
(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

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

FILED
07 MAY -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I- Name:

The name of the Limited Liability Company is:

CHACE FINANCE , L LC

ARTICLE II- Address:

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

**10430 SW 40TH Street
Miami, Florida 33165**

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV- Management:

The Limited Liability Company is to be managed by a member and the name and addresses of the managing member is:

**Roberto Reymundo
10430 SW 40TH Street
Miami, Florida 33165**

ARTICLE V-Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be the consent of all members.

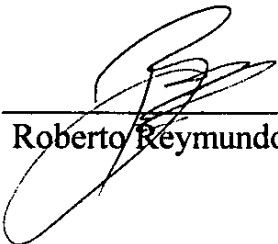
ARTICLE VI-Members Rights to Continue Business:

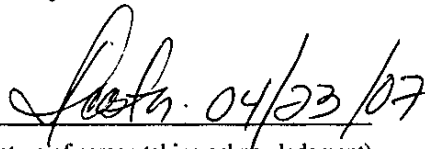
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates membership of a member in the limited liability company shall be on the consent of the surviving member.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

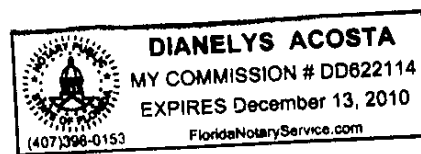
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **Roberto Reymundo**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 23rd day of April 2007.


Roberto Reymundo


(Signature of person taking acknowledgment)

Typed, printed or stamped name
Title(or Rank): Notary Public



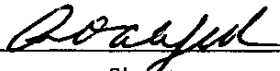
**CERTIFICATE OF DESIGNATION OF
REGISTER AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY
COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A
REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA.

1. The name of the limited liability company is: **CHACE FINANCE L LC**
2. The name and address of the registered agent and the office is:

**ANA D. CALAFELL
7621 NW 2ND ST
Miami, Fl 33126**

Having been named as registered agent and to accept service process for the above states 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 performances of my duties, am I am familiar with and accept the obligations of my position as registered agent.



Signature

By: Ana D. Calafell CPA

FILED
07 MAY -8 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA