

L13000029476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

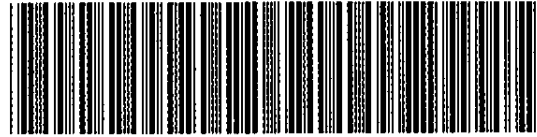
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 FEB 25 PM 12:00  
TALLAHASSEE, FLORIDA

B. BOSTICK  
FEB 26 2013  
EXAMINER

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chopper's Shop, 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:

**Christopher Matas**

Name of Person

**dba Chopper's Shop**

Firm/Company

**4592 Grove Street**

Address

**West Palm Beach, FL 33415**

City/State and Zip Code

**chopperchris@live.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Christopher Matas**

Name of Person

at **561 602-9884**

Area Code & Daytime Telephone Number

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13 FEB 25 PM 12:00  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chopper's Shop, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4592 Grove Street

West Palm Beach, FL 33415

4592 Grove Street

West Palm Beach, FL 33415

**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:

Julie Millet

Name

4592 Grove Street

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

West Palm Beach

FL

33415

City, State, and Zip

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13 FEB 25 PM 12:00  
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*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 608, F.S..*

Julie Millet

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Christopher Matas

4592 Grove Street

West Palm Beach, FL 33415

\_\_\_\_\_

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\_\_\_\_\_

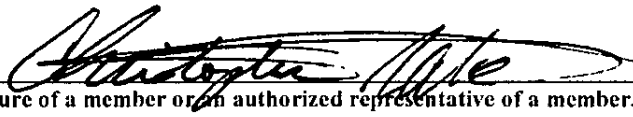
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(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**



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

(In accordance with section 608.408(3), 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.)

Christopher Matas

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)