| - Comments | | |
|--|---|---|
| VIRGINIA) FRAZIE Requester's Name | m | |
| Requester's Name 2865 FAIR GREEN | Dr. | |
| Address | | |
| City/State/Zip Phop # | 727-787749 | |
| | *)/ | |
| LUU | Otti Use Ody | |
| CORPORATION NAME(S) & DOCU | JMENT NUMBER(S), (if known): | |
| 1. TENNESSEE CHAMBELL (Corporation Name) | OF COMMENCE UC | |
| | (Document #) | |
| 2. (Corporation Name) | (Document #) | |
| 3 | | |
| (Corporation Name) | (Document #) 200035171923 -12/29/0001040018 | _ |
| 4 | ****160.00 ****160.00 | |
| (Corporation Name) | (Document #) | |
| Walk in Pick up time | Certified Copy | |
| Mail out Will wait | Photocopy | |
| NEW FILINGS | AMENDMENTS Z | |
| ☐ Profit | | |
| Net for Profit | Resignation of R.A., Officer/Director 20 | |
| Limited Liability Domestication | Change of Registered Agent Dissolution/Withdrawal | |
| Other | Merger Span 5 | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION & | |
| ☐ Annual Report | REGISTRATION/QUALIFICATION | |
| Fictitious Name | Limited Partnership | : |
| | Reinstatement Trademark | |
| | Other Sin 1 | • |
| | | |
| CR2E031(7/97) | Examiner's Initials | |
| | /CC' | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability (| Company is: | _ | | |
|---|--|--|--|------|
| TENNESSEE CHAM | IBER OF COMM | ERCE LLC | | |
| ARTICLE II - Address: The mailing address and street address 2865 FAIR GRE CCEARWATER, ARTICLE III - Registered Agent | FL 33761 | · | | |
| | | • | urc. | |
| The name and the Florida street add | A | | | |
| 28 | GINIA TRAZIER. 65 FAIR GREEN | Da | | |
| <u> </u> | da street address (P.O. Box NOT as EPRUPTER FL City, State, and Zip | cceptable) | | |
| Having been named as registered a liability company at the place design registered agent and agree to act in statutes relating to the proper and accept the obligations of my position. | gnated in this certificate, I here in this capacity. I further agree complete performance of my d | eby accept the appointment to comply with the production and I am familiantided for in Chapter 608 | nent as ovisions of all r with and | |
| Article IV - Management (Chec The Limited Liability Compatherefore, a manager - managed compatherefore) | ek box if applicable.) ny is to be managed by one mompany. | anager or more manag | ers and is, | |
| - Uli | icle must be added if an effective frame f | tive date is requested) | | |
| of this documer | with section 608.408(3), Florida State constitutes an affirmation under the three herein are true.) NIA FRAZIER Typed or printed name of signe | ne penalties of perjury | OO DEC 29 P. | |
| | Filing Fees: \$100.00 Filing Fee for Ar \$ 25.00 Designation of Re \$ 30.00 Certified Copy (6) \$ 5.00 Certificate of Sta | egistered Agent Optional) | PM 2: 04 OF STATE E, FLORIDA |)VED |