

01000001861

GENE FIDLER
Requestor's Name
110 BRY LYNN DRIVE
Address
W-MELBOURNE, FL 32904
City/State/Zip
321-723-9200
Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. **CHP MAGNOLIA POINTE LLC**
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

WL
2/5

- ☐ Walk in
- ☐ Mail out
- ☐ Pick up time _____
- ☐ Will wait
- ☐ Photocopy
- ☐ Certified Copy
- ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

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******160.00 ****160.00**

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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DIVISION OF CORPORATION

| | |
|---------------------|--|
| Examiner's Initials | |
|---------------------|--|

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

ARTICLE I – Name

The name of the Limited Liability Company is:

CHP Magnolia Pointe, LLC

Article II – Address

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

1261 Glenwood Avenue
Atlanta, Georgia 30316

ARTICLE III – Registered Agency, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Renée Fowler
110 Bry Lynn Drive
West Melbourne, Florida 32904

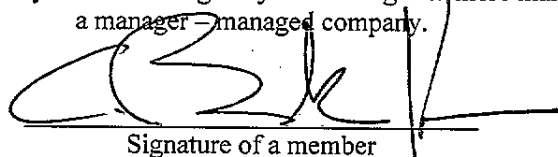
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


Registered Agent's Signature

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ARTICLE IV – Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore
a manager-managed company.


Signature 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.)

C. BRECK KEAN
Typed or printed name of signer