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OWNER (PLEASE PRINT)

Requestor's Name

ROBERT R. SHAW
7411 SANDHAMPTON RD
SPRING HILL FL 34606

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

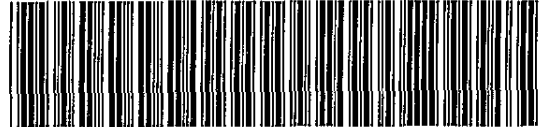
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CHDPESHAW "L.L.C."

ARTICLE II - Address:

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

7411 SOUTHAMPTON RD.
SPRING HILL, FL 34606

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROBERT P. SHAW
Name
7411 SOUTHAMPTON RD.
Florida street address (P.O. Box NOT acceptable)
SPRING HILL FL 34606
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Robert P. Shaw
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Robert P. Shaw
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.)

ROBERT P. SHAW
Typed or printed name of signee

Filing Fees:

✓ \$100.00 Filing Fee for Articles of Organization
✓ \$ 25.00 Designation of Registered Agent
✓ \$ 30.00 Certified Copy (Optional)
✓ \$ 5.00 Certificate of Status (Optional)

\$ 130.00 TOTAL