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(Requestor's Name)
(Address)
(issues)
(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



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12/11/03--01021--021 **160.00

AL

Jeff Chargo
2318 Bonneville Brive I PM 4: 03
Orlando, FL 32826
407-207-1529

December 6, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Formation of a Limited Liability Company

Dear Sir or Madam:

Enclosed are the completed forms to create Jeff Chargo, L.C., a Florida Limited Liability Company. A money order for \$ 160.00 is enclosed representing the following fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 for a Certified Copy
- \$ 5.00 for a Certificate of Status

Should you require additional information or have any questions, please feel free to contact me.

Sincerely,

Jeff Chargo

Managing Member

geff Change

TRANSMITTAL LETTER

TO: Registration Section	FILED
Division of Corporations	03 DEC 11 PH 4: 03
SUBJECT: Jeff Charap L.C.	ANY OF STATE
(Name of Limited Liability Company)	A STANDARD A STANDARD A
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:
Jeff Charop (Name of Person)	
(Name of Person)	
Jeff Chargo L.C.	
(Firm/Company)	
2318 Bonneville Drive (Address)	
(Address)	
Orlando, Florida 32826 (City/State and Zip Code)	·
(City/State and Exp Code)	
For further information concerning this matter, please call:	
Teff Chargo at (407) 207-	1529

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR

FILED

FLORIDA LIMITED LIABILITY COMPANY DEC 11 PH 4: 04

The name of the Limited Liability Company is:	
Jeff Chargo L.C.	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Con
Principal Office Address:	Mailing Address:
2318 Bonneville Drive	2318 Bonneville Driv
Orlando, Florida 32826	Orlando, Florida 30
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	gistered agent are:
	gistered agent are:
The name and the Florida street address of the reg Teff Chargo Name 2318 Bonnevi	sistered agent are:
The name and the Florida street address of the reg Teff Chargo Name 2318 Bonnev Florida street address (P.O. 1)	sistered agent are:
The name and the Florida street address of the reg Teff Chargo Name 2318 Bonnev Florida street address (P.O.) Orlando	sistered agent are:
The name and the Florida street address of the reg Teff Chargo Name 2318 Bonnev Florida street address (P.O. 1) Orlando City, State, and been named as registered agent and to accept service	gistered agent are: In the Drive
The name and the Florida street address of the reg Teff Chargo Name 2318 Bonnev Florida street address (P.O.) Orlando	gistered agent are: Ille Drive

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	FILE or Managing Member is as follows. 3 OEC 11	ED
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	OF STATE FLORIDA
MEBW	Jeff Chargo 2318 Borneville Drive Orlando, Florida 32826	
	year	
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE:	e added if an effective date is requested.	
Signature of a member or an a (In accordance with section 608 of this document constitutes an that the facts stated herein are tr		+ 18 844
Jett Char Typed or pr	top inted name of signee	om Status

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)