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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LO4-7285  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chad Fisher, 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:

Chad Fisher  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1694 16<sup>th</sup> Way  
(Address)

Palm Harbor, FL 34683  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Fisher at (727) 410-4056  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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**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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 30, 2003

CHAD FISHER  
694 16TH WAY  
PALM HARBOR, FL 34683

SUBJECT: CHAD FISHER LLC  
Ref. Number: W03000039719

We have received your document for CHAD FISHER LLC and check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$75.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 903A00069228

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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January 20, 2004

To Whom It May Concern:

With all the paperwork that had to be filed for our installers we mixed up the payment for Chad Fishers LLC and Workers Comp Exemption. I am sending back the money order for his LLC and you will have a credit balance of 50.00. Could you PLEASE apply this to his workers comp exemption which I have attached? It was not his fault and was a mix up on our part. You can call me at 727-571-9998 or email me at [cindy@bobscarpet.com](mailto:cindy@bobscarpet.com).

Thank you so much for your help on this matter.

Sincerely,

*Cindy Folk*

Cindy Folk

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chad Fisher LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

Chad Fisher

SAME

694 16<sup>th</sup> Way

Palm Harbor, FL 34683

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

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

Chad Fisher

Name

694 16<sup>th</sup> Way

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

Palm Harbor FLORIDA 34683

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, Florida Statutes..*

Chad Fisher

Registered Agent's Signature

**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

Chad Fisher  
694 16th Way  
Palm Harbor, FL 34683

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Chad Fisher  
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.)

Chad Fisher  
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)