

L04000010984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

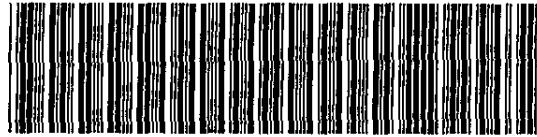
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400026995994

02/11/04--01021--004 **125.00

js

RECEIVED

FILED

04 FEB 11 AM 9:01
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN FEB 11 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paul Choppin 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:

Paul Choppin
(Name of Person)

Paul Choppin LLC
(Firm/Company)

4236 Natural Bridge Rd
(Address)

Tallahassee, Fla 32305
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 11 AM 9:00

FILED

For further information concerning this matter, please call:

Paul Choppin at (850) 421-4639
(Name of Person) (Area Code & Daytime Telephone Number)

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
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paul Chappin LLC,

ARTICLE II - Address:

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

Principal Office Address:

4236 Natural Bridge Rd
Tallahassee, FL
32305

Mailing Address:

4236 Natural Bridge Rd
Tallahassee, FL
32305

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

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

Paul Chappin
Name

4236 Natural Bridge Rd
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32305
City, State, and Zip

FILED
04 FEB 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Paul Chappin
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

MGRM

Name and Address:

Paul Choppin
4236 Natural Bridge Rd
Tallahassee, FL 32305

(Use attachment if necessary)

04 FEB 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

REQUIRED SIGNATURE:

Paul Choppin
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.)

PAUL CHOPPIN
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)