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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

chapman webb llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 APR 16 AM 11:25
TALLAHASSEE, FLORIDA

③
ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAPMAN WEBB LLC

Article II - Address:

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

Principal Office Address:

2645 SO. BAYSHORE DR.
1902
MIAMI, FL. 33133

Mailing Address:

2645 SO. BAYSHORE DR.
1902
MIAMI, FL. 33133

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

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

PEDRO M. GALLINAR
Name

6701 SUNSET DR. #101
Florida street address (P.O. Box ~~NOT~~ acceptable)

MIAMI, FLORIDA 33143
City, State, and Zip

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..

Adm Gallinar, CPA
Registered Agent's Signature

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[Handwritten signature]

ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DALE C. WEBB
2645 SO. BAYSHORE DR. #1902
MIAMI, FL. 33133

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

[Handwritten signature: Pedro M. Gallinar, CPA]

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.)

PEDRO M. GALLINAR

Typed or printed name of signer

[Handwritten number: 404090081651]