W4000039565

| (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: |
| 5/18 PL 1C |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: CHESAPEAICE LAND, 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: | | |
| Scott Boole (Name of Person) | | |
| (Name of Person) | | |
| 40VANCED MKT ADVISUS, CIC (Firm/Company) | | |
| (Film/Company) | | |
| _ 504 WYMORE RD. | | |
| (Address) | | |
| WINTER PARK, FC 32789 (City/State and Zip Code) | | |

For further information concerning this matter, please call:

Scott Bob / E at (407) 740-552

(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

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

CHESAPOAKE LAND, LLC

| The name and the Florida street address of the registered agent are: |
|---|
| Cameron R. Kimbell |
| Name |
| 10201 Cove Lake Drive |
| Florida street address (P.O. Box NOT acceptable) |
| Orlando, FL 32836 City, State, and Zip |
| Cify, 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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|----------------------------------|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGRM | Lameron R. Kinbal 10201 Cove toke Drive Crlando FL 32836 |
| MG RM | Howard E Kimball 19297 Secluded Way |
| | Drayden, MD 20630 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must | be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| | o VIII |

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.)

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)