

L04 000049324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

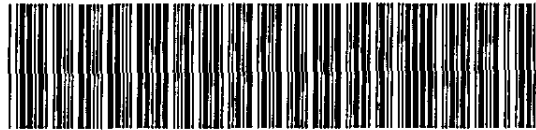
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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# enitia corporation

June 25, 2004

enitia corporation  
p.o. box 495  
dexter, mi 48130

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

**Re: Chas Services L.L.C.**

Dear Sir or Madam:

Enitia Corporation has been authorized by Charles Smith to file the enclosed Articles for Chas Services L.L.C.. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

Enitia Corporation  
P.O. Box 495  
Dexter, MI 48130

1-734-426-3361  
edstahlin@enitia.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

  
Ed Stahlin  
Enitia Corporation

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:

**Chas Services L.L.C.**

**ARTICLE II - Address:**

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

12920 S.W. 82nd Place  
Pinecrest, FL 33156

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

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

Charles Smith

Name

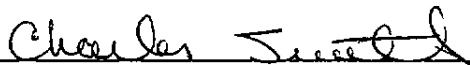
12920 S.W. 82nd Place

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

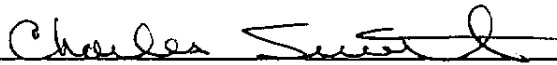
Pinecrest, FL 33156

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.*



Registered Agent's Signature



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.)

Charles Smith

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA