

LD4000055856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

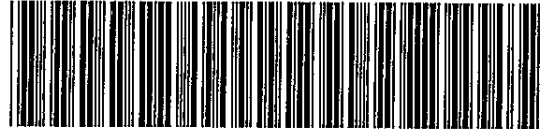
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700039244157

07/26/04--01049--004 **125.00

FILED
JUL 26 7 14 PM
TAMPA, FLORIDA

FILED
JUL 26 7 14 PM
TAMPA, FLORIDA

LD4-55856
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAISE SERVICES 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:

STEVEN LOPER
(Name of Person)

(Firm/Company)

1403 WESTON WOODS BLVD
(Address)

ORLANDO, FL 32818
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN LOPER at (321) 277-2041
(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

SECTION 1 OF STATE
TALLAHASSEE, FLORIDA

04 JUL 25 PM 1:14

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAISE SERVICES 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:

1403 WESTON WOODS BLVD
ORLANDO, FL 32818

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

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

STEVEN LOPER

Name

1403 WESTON WOODS BLVD

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

ORLANDO FLORIDA 32818

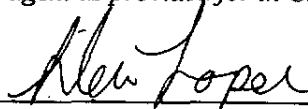
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 26 PM 1:14

FILED

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..



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:

MGRM

STEVEN LOPER

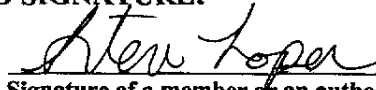
1403 WESTON WOODS BLVD

ORLANDO, FL 32818

(Use attachment if necessary)

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

REQUIRED 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.)

STEVEN LOPER

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 26 PM 1:14

FILED