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TRANSMITTAL LETTER

SUBJECT: Chason Custom Construction
(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:

Kenneth W. Chason
(Name of Person)

Chason Custom Construction
(Firm/Company)

1011 South Weeks street
(Address)

Bonifay Florida 32425-3050
(City/State and Zip Code)

For further information concerning this matter, please call:

STREET ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 16, 2004

KENNETH W CHASON CHASON CUSTOM CONSTRUCTION 1011 SOUTH WEEKS STREET BONIFAY, FL 32425-3050

SUBJECT: CHASON CUSTOM CONSTRUCTION

Ref. Number: W04000031118

We have received your document for CHASON CUSTOM CONSTRUCTION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 204A00050425

Diane Cushing Document Specialist

Division of Cornerations - 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:

ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Kenneth W Chason	_SAME
1011 South Weeks street BONIFAY Fl. 32425	
ARTICLE III - Registered Agent, Regis	stored Office & Registered Agent's Signature
	tered Office, & Registered rigent's Signature.
The name and the Florida street address of	
The name and the Florida street address of	f the registered agent are:
1	f the registered agent are:
Kenneth Wa	the registered agent are: Name Name Necks street
Kenneth Wa 10/1 South 1 Florida street addre	f the registered agent are: VNE Chason Name

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..

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kenneth Wayne Chason 1011 J. Weeks st
	BONITAY FL 32425
	/
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Kenneth V	dayre Choson
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury nerein are true.)
Kenneth L	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)