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(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:
J. J. T. L.
189 524 614, 1/13
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W/H-41500-



12/21/04--01028--002 \*\*125.00

# 2005 JAN 13 PH :

#### Joseph E Murray 564 Kirkwood Drive London, KY 40744

December 17, 2004

Department of State Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314

Re: Articles of Incorporation/Original Appointment of Agent

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime phone number is 606-528-7490 x 22.

With kindest regards, I am

Sincerely yours,

oseph E Murray



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 29, 2004

JOSEPH E. MURRAY 654 KIRKWOOD DRIVE LONDON, KY 40744

SUBJECT: CHTFA, LLC

Ref. Number: W04000047382

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

Please list the name of the Limited Liability Company in Article I.,

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas **Document Specialist** 

Letter Number: 104A0007187

ENCLOSED IS REVISION

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314 DSA

### ÀRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CHTFA, LLC

**ARTICLE I - Name:** 

A DOVER YEAR	
ARTICLE II	
is:	address and street address of the principal office of the Limited Liability Company
16.	4192 GINGGLD SMEET PORT CARLLOTTE, FL 33948
	·
	II - Registered Agent, Registered Office, & Registered Agent's Signature: I the Florida street address of the registered agent are:
	CHTFA LLC GONGJUE MURRAY
	Name
	Florida street address (P.O. Box NOT acceptable)
	Florida street address (P.O. Box NOT acceptable)
	PORT CHARGOTE FL 33948  City, State, and Zip
	City, State, and Zip
the provisions	as registered agent and agree to act in this capacity. I further agree to comply with s of all statutes relating to the proper and complete performance of my duties, and I with and accept the obligations of my position as registered agent as provided for in F.S.  Registered Agent's Signature
	Registered Agent's Signature
Article IV - N	Management (Check box if applicable.)
Æ The Li	mited Liability Company is to be managed by one manager or more managers and
	refore, a manager - managed company.
	(An additional article must be added if an effective date is requested)  A PART OF THE PROPERTY OF THE PROPERT
	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.)
	JOSEPH & MYCRAY
	Typed or printed name of signee