L05000008804

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
(Document Number)
•
Certificates of Status
<u></u>
Special Instructions to Filing Officer:
Let Market and Let
ė į
• •
Mills William William Company and Company
Office Use Only
570
No. 2. A second residence of the second seco
F. 12
Little Copt BCC



400045342164

Francisco Company Company

05 MM 23 M 8 H

OS JAN 28 AN 8:51

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chaires Constru (Name of Limit	tion Demolicion Co ed Liability Company)
The enclosed Articles of Organization and fee(s) are su	ibmitted for filing.
Please return all correspondence concerning this matter	to the following:
DNYthony J Chaires (Name of Person)	
Chaires Construction/ To	Demo Co
11a36 Balkin Rd hot 144	, <u> </u>
Tallahas = FLA 3230. (Ciry/State and Zip Code)	5 = = = = = = = = = = = = = = = = = = =
For further information concerning this matter, please c	ail:
Awthory Chaires (Name of Person)	at (858) 942-1922 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Chaires Constrution De	emolician LLC
ARTICLE II - Address: The mailing address and street address of the principal	
Principal Office Address:	Mailing Address:
	1630 Balkin Rd Lot 144 Tallsharee FA 32305
ARTICLE III - Registered Agent, Registered Office	, & Registered Agent's Signature:
The name and the Florida street address of the registere	ed agent are:
Anthony Chaires	ed agent are:
Anthony Chaires Name 1630 Bolkindd hot	144
Florida street address (P.O. Box No.	OT acceptable)
Tallahasa FL.	<i>32-305</i>
City, State, and Zip	
The state of the second	

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..

Arthony Chaires

Registered Agent's Signature

(CONTINUED)

The name and address of each Manage	er or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MBRM	Lydia Chaires 1636 Bolkin Rd hally Tellehan Pla 32205	
		05
(Use attachment if necessary)		MH 23 -
NOTE: An additional article must b	oe added if an effective date is requested.	co co
(In accordance with se of this document constitute the facts stated he	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	12
	<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization	

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

Page 2 of 2

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)