

LD50000028976

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000071403 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 MAR 23 AM 9:02

FILED

LIMITED LIABILITY COMPANY

Chuck Morrison LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

DIVISION OF CORPORATION

05 MAR 23 AM 9:42

RECEIVED

Electronic Filing Menu

Corporate Filing

Public Access Help

3/24/05

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Chuck Morrison 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:5337 SW 21st Place5337 SW 21st PlaceCape Coral, FL 33914Cape Coral, FL 33914

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

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

Chuck Morrison

Name

5337 SW 21st Place(P.O. Box or Mail Drop Box **NOT** Acceptable)**Cape Coral, FL 33914**

(City / State / Zip)

FILED
05 MAR 23 AM 9:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 - Chuck Morrison

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:**MGR****Chuck Morrison- 5337 SW 21st Place, Cape Coral, FL 33914**

(Use attachment if necessary)

REQUIRED SIGNATURE:



 Signature of a member or 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.)

Chuck Morrison

Typed or printed name of signee

FILED
 05 MAR 23 AM 9:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA