

LD5000028976

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

Handwritten signature and date: 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 Place

5337 SW 21st Place

Cape Coral, FL 33914

Cape 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