

LOS 0000 34473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

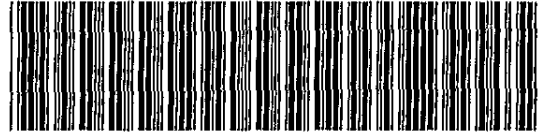
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4/8/05  
*[Signature]*

Office Use Only



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04/06/05--01042--005 \*\*20.00

04/06/05--01042--004 \*\*87.50

04/06/05--01042--006 \*\*20.00

04/06/05--01042--007 \*\*2.50

FILED  
05 APR -5 PM 1:13  
STATE  
FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHAZ DEVELOPMENT, LLC.  
(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:

PETER GIGLIA  
(Name of Person)

CHAZ DEVELOPEMENT, LLC  
(Firm/Company)

9505 SOUTH LOTUS POINT  
(Address)

HOMOSASSA, FLORIDA 34448  
(City/State and Zip Code)

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARMEN Y.R. DURSO at ( 352 ) 621-3199  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CHAZ DEVELOPEMENT, 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:**

PETER GIGLIA

9505 SOUTH LOTUS POINT

HOMOSASSA, FLORIDA 34448

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

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

PETER GIGLIA

Name

9505 SOUTH LOTUS POINT

Florida street address (P.O. Box **NOT** acceptable)

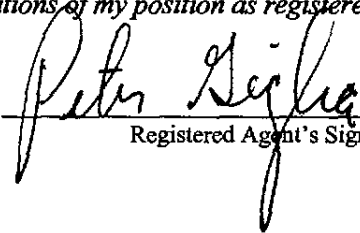
HOMOSASSA, FLORIDA 34448<sub>FL</sub>

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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

(CONTINUED)

**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:**

MANAGER

PETER GIGLIA

9505 SOUTH LOTUS POINT

HOMOSASSA, FLORIDA 34448

\_\_\_\_\_

\_\_\_\_\_

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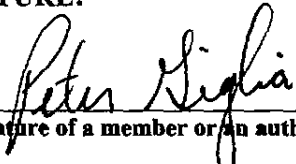
\_\_\_\_\_

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

PETER GIGLIA

Typed or printed name of signee

SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

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**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**