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.

(((H05000134404 3)))

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

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

: (305)633-9696

LIMITED LIABILITY COMPANY

the chirtley group, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

20\10.9



H05000134404

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
THE CHIRTLEY GROU	P. LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2150 Sans Souci Blvd. Suite PH-E1 North Miami, FL 33181	2150 Sans Souci Blvd. Suite PH-El North Miami, FL 33181	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the re-		
Stanley E. Johnson, Name	Jr., Esq.	
9999 N.E. 2nd Ave., Florida street addr	Suite 218 Ess (P.O. Box NOT acceptable)	
Miami Shores, FL 33138 City, State, and Zip		
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	
Alloy & C	andly	
Registered Assent's S	Bigmature /	
·		

(CONTINUED)

Page 1 of 2

LINGTON PALLANGE

EQ.9 JATOT

MUSULUIUTYUY

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Linda Dickinson
	2150 Sans Souci Blvd, #PH-E1
	North Miami, FL 33181
MGRM	Adrienne Bolten
	2150 Sans Souci Blvd, #PH-E1
	North Miami, FL 33181
(Use attachment if necessary)	
NOTE: An additional article n	oust be added if an effective date is requested.
REQUIRED SIGNATURE: _	
	7
Cont.	a Della
Signature of a me	mber of an authorized representative of a member.
(In accordance wi	th section 608.408(3), Florida Statutes, the execution
of this document	constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Linda Dickinson

Typed or printed name of signæ

H05000134404