

## Florida Department of State

Division of Corporations

Public Account System

Electronic Filing Cover Sheet

**LD6000029363**

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## 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Chaban Properties, LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Chaban Properties, 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:

425 Hunt Club Boulevard

425 Hunt Club Boulevard

Apopka, FL 32703

Apopka, FL 32703

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Carlos Chaban

Name

425 Hunt Club Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Apopka, FL 32703

(City / State / Zip)

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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 - Carlos Chaban

**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:**MGRMCarlos Chaban- 425 Hunt Club Boulevard, Apopka, FL 32703MGRMNasin Chaban- 425 Hunt Club Boulevard, Apopka, FL 32703

(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. )

Carlos Chaban

Typed or printed name of signee

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 DIVISION OF CLERICAL SERVICES