

L06000049720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

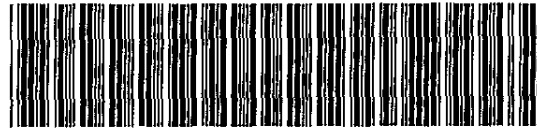
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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15/04/06 10:01:00 \*\*00000

**EFFECTIVE DATE**

05-03-06

06 MAY -14 AM 11:21

B. McKnight MAY 15 2006

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CHIMNEY SWEEPS OF AMERICA  
(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:

STEPHEN MARCH, PROPRIETOR  
(Name of Person)  
CHIMNEY SWEEPS OF AMERICA  
P.O. BOX 1348, ALACHUA, FL. 32616  
(352)378-7020 - (386)462-7050  
(Firm/Company)

18203 APRIL BLVD  
(Address)

ALACHUA FLORIDA 32615  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN R. MARCH at ( 386 ) 462-7050  
(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)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EFFECTIVE DATE**  
**05-03-06**

CHIMNEY SWEEPS OF AMERICA LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

18203 APRIL BLVD  
ALACHUA FLORIDA  
32615

**Mailing Address:**

P.O. BOX 1348  
ALACHUA FLORIDA  
32616

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

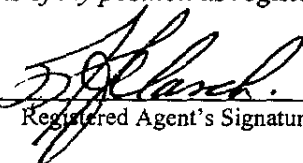
The name and the Florida street address of the registered agent are:

STEPHEN R. MARCH  
Name

18203 APRIL BLVD  
Florida street address (P.O. Box **NOT** acceptable)

ALACHUA FL 32615  
City, State, and Zip

*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 (REQUIRED)

06 MAY - 4 AM 11:21  
DIVISION OF REVENUE  
STATE OF FLORIDA

**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:**

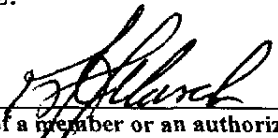
MGR.

STEPHEN R. MARCH  
18203 APRIL BLVD  
ALACHUA FL 32615

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: MAY 3/2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

STEPHEN R. MARCH  
\_\_\_\_\_  
Typed or printed name of signee

**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)

06 MAY -4 AM 11:21

STATE OF FLORIDA  
DIVISION OF CORPORATE  
AND ORGANIZATIONAL  
REGISTRATION