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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

Office Use Only

COVER LETTER

	tion Section of Corporations						
SUBJECT:	CHANE				1C		
-	(Na	ime of Limited	l Liability Compa	ny)			
The enclosed Art	icles of Organization ar	nd fee(s) are su	abmitted for filing				
Please return all	correspondence concern	ing this matte	r to the following:	:			
M	ICHAEL R	ANIER	RocHE				_
		(1	Name of Person)				
			Firm/Company)				-
1.0	7.4~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			_			
	347 SW	1321	(Address)	·			-
Mi	 AMI , F	ι, 3	,				
<u> =</u>		(City/	State and Zip Code)			-
For further inform	nation concerning this r	natter, please	call:				
	l Roctte	•		989 -	5973 =	s =	
	(Name of Person)		at (Area Code	& Daytime T	elephone Numbe		
Enclosed is a ch	neck for the following	amount:			HASSE	IDD MAY 19	5
3125.00 Filing	g Fee S130.00 F Certificate of		\$155.00 Fill Certified Copy	_	S160.00	Filing Fee,	
	Certificate of	Status	(additional copy i		Certified \{	` ^	
	Mailing Addr			urier Addres	<u>ss</u>	•	
	Registration Se Division of Ce	orporations	Division of	on Section of Corporatio	ns		
	P.O. Box 632 Tallahassee, F			cutive Center			
			Tallahass	ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CH	ANFLEU	HOLDIN	63 LLC				
(Must end with the words '	Limited Liability Co	ompany, "Limited	Company" or their	abbreviation	n "LLC," or "L.C	,' ')	
ARTICLE II - Add The mailing address		ess of the pri	ncipal office of	the Limi	ted Liability	Comp	any is:
Principal Office Ac	ldress:		Mailing Addr	ess:			
12347 SW 1 MLAM FL	32 CT 33186		[2397 MI.AMI	SW FL	132 ct 33186	<u>-</u>	
ARTICLE III - Res (The Limited Liability Conbusiness entity with an ac The name and the Fl	npany cannot serve a tive Florida registrat orida street add	s its own Register ion.)	gistered agent a	t designate a			entrante entrante
-		Name			SSE	9	5 677
	12347 5	SW 1324	D COURT	-	m ^A	\triangleright	Ö
-	, Flo	orida street addr	ess (P.O. Box <u>NO</u>	T acceptab	le) LOPA	ب	
	MAM	l .	FL 33	186	즐금	밀	
-		City, State, an					
Having been named liability company registered agent and	v at the place de	signated in th	is certificate, I h	iereby ac	cept the appo	ointmer	nt as

legistered Agent's Signature (REQUIRED)

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.

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana; "MGRM" = Mar		Name and Address:
MER		MICHAEL ROCHE 12347 SW 132 COURT MIAMI FL 33186
	date, if other than the	date of filing: (OPTION
LE V: Effective fective date is list days after the d	date, if other than the sted, the date must be late of filing.) GNATURE:	e specific and cannot be more than five Fusiness de RECRETARY OF STATE AND SEE, FLORI
LE V: Effective	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document const that the facts stated here.	e specific and cannot be more than five business of MAY 19 A SEE, FLORITARY OF STATES or or an authorized representative of a member oction 608.408(3), Florida Statutes, the execution intuitives an affirmation under the penalties of perjury herein are true.)
LE V: Effective fective date is list days after the d	date, if other than the sted, the date must be late of filing.) GNATURE: Signature of a member of this document constitute the facts stated in Michael	e specific and cannot be more than five Fusiness of MAY 19 A SEE, FLORITARY OF STATES or or an authorized representative of a member oction 608.408(3), Florida Statutes, the execution intuities an affirmation under the penalties of perjury