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(City/State/Zip/Phone #)

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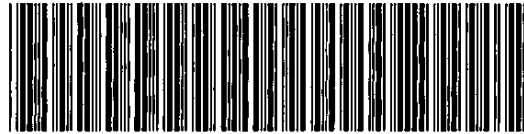
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CHAMNESS HOME, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

**TRENA JO CHAMNESS
CHAMNESS HOME, LLC
9247 Spring Hill Drive
Spring Hill, FL 34608**

For further information concerning this matter, please call:

TRENA JO CHAMNESS (352) 686-3397

Enclosed is a check for the following amount of \$125.00 and is being
mailed to:

Registration Section
Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAMNESS HOME, LLC
EIN: 54-2178005

ARTICLE II - Address:

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

9247 Spring Hill Drive
Spring Hill, FL 34608

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

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

TRENA JO CHAMNESS
9247 Spring Hill Drive
Spring Hill, FL 34608

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

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TALLAHASSEE, FLORIDA

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

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

MGR: **TRENA JO CHAMNESS**
9247 Spring Hill Drive
Spring Hill, FL 34608

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read "Trena Jo Chamness", written over a horizontal line.

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.)

TRENA JO CHAMNESS

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA