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2007 JAN 19 AM 11:18
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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Chelsea Oaks Leasing, LLC

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TALLAHASSEE, FLORIDA

Signature _____

Requested by: *WC*

Name _____

Date *1/19*

Time *11:00*

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

Courier _____

ARTICLES OF ORGANIZATION
OF
CHELSEA OAKS LEASING, L.L.C.

ARTICLE I - NAME

The name of the limited liability company is CHELSEA OAKS LEASING, L.L.C.,
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

250 Avenue K, SW Suite 100
Winter Haven, Florida 33880

Mailing Address:

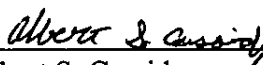
250 Avenue K, SW Suite 100
Winter Haven, Florida 33880

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

ALBERT S. CASSIDY
250 AVENUE K S.W. SUITE 100
WINTER HAVEN, FL 33880

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..


Albert S. Cassidy

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

ALBERT STEVEN CASSIDY
250 AVENUE K S.W. SUITE 100
WINTER HAVEN, FL 33880

MGMR

BRYAN CASSIDY
250 AVENUE K S.W. SUITE 100
WINTER HAVEN, FL 33880

MGMR

MICHELLE CASSIDY
250 AVENUE K S.W. SUITE 100
WINTER HAVEN, FL 33880

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.)

ALBERT S. CASSIDY

Typed or printed name of signee