Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: M. BURR KEIM COMPANY Account Name

Account Number : 119990000242 Phone

: (215)563-8113 .

Fax Number

: (215)977-9386

ORIDA/FOREIGN LIMITED LIABILITY CO.

CHIEF BROKEN ARROW INVESTMENTS, LLC

Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Principal Office Address:

The name of the Limited Liability Company is:

CHIEF BROKEN ARROW INVESTMENTS, LLC (Must end with the words "Limited Lisbility Company, "Limited Company" or their abbreviation "LC," or "LC,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

8481 Lake Worth Road	8461 Lake Worth Road
Suite 228	Şuite 228
Lake Worth, FL 33467	Lake Worth, FL 33487
	Registered Office, & Registered Agent's Signature of the state of the
The name and the Florida street add	ress of the registered agent are:
	Andrew Cohen
	Name
8461 Lak	ce Worth Road, Suite 228
Flo	orida street address (P.O. Box NOT acceptable)

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..

33467

Registered Agent's Signature (REQUIRED)

Lake Worth,

(CONTINUED)
Page 1 of 2

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR	Sunset Stables, LLC 8481 Lake Worth Road, Suite 228 Lake Worth, FL 33467	
•	•		
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(If an	(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	he date of filing: (O	PTIONAL)
	REQUIRED SIGNATURE:	· -	
	-	nour and representative of a member.	
	of this document co that the facts state	section 608.408(3), Piorida Statutes, the execution astitutes an affirmation under the penalties of perjury of herein are true.) drew Cohen, Authorized Person	,
		Typed or printed name of signee	

Filing Pecs:

\$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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