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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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2007 JUN -7 AH II: 16
SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT: Chieflar	nd Property Managen		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Craig Watts	5		
	(1	Name of Person)	
Chiefland P	Property Manageme	nt, LLC	
	(Firm/Company)	
11842 Res	search Circle		201 TA
		(Address)	LCR J
Alachua, F	L 32615	=	年8年
 	(City.	/State and Zip Code)	XEC P
For further information of	concerning this matter, please	call:	AH II: 16
Craig Watts		at (386) 462-788	
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	or 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N		
The name of the	Limited Liability Co	ompany is:
	rty Management, LLo	C mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - A The mailing addr		ess of the principal office of the Limited Liability Company is:
Principal Office	Address:	Mailing Address:
11842 Research Cir	cle	11842 Research Circle
Alachua, FL 32615	,	Alachua, FL 32615
·	un active Florida registration e Florida street addr Craig Watts	ress of the registered agent are:
		Name
	11842 Research	
	Floi	rida street address (P.O. Box <u>NOT</u> acceptable)
	Alachua	_{FL} 32615
		City, State, and Zip
liability comp registered agent statutes relatin	pany at the place des and agree to act in t gg to the proper and c bligations of my posi	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and tion as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Le- (50)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Craig Watts		
	11842 Research Circle		
	Alachua, FL 32615		
MGRM	Alan Powell		
	11842 Research Circle		
	Alachua, FL 32615		
		<u>_</u>	
			
(Use attachment if necessary)	า พ	_ ~ 70	
ARTICLE V: Effective date, if other than the	ie date of filing: 6/15/07 (OPT	TIONAL)	ereces
(If an effective date is listed, the date must	be specific and cannot be more than five busine		
to or 90 days after the date of filing.)	မား ဟာ		Parameter (1)
	المدار المدار	9 3	i karaman K
REQUIRED SIGNATURE://		OF STA	E.
	<i>' </i>	高 5	
/		-	
Signature of a meml	ber or an authorized representative of a member.		
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury		
Craig Watts			
	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)