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(Ře	equestor's Name)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	istration Se sion of Co				
SUBJECT:	Susan	F Chassee LLC			
·		(Name of Limite	d Liability Comp	any)	
The enclosed	Articles of	f Organization and fee(s) are s	ubmitted for filin	g.	
Please return	all corresp	ondence concerning this matte	er to the following	g :	e
Sus	an F Cl	hassee			07 JUH 27 AH 11:39
		(Name of Person)		H OF
Susa	an F Cl	hassee LLC			ر استا محمد المحمد
-,,· ·	·	(Firm/Company)		=
121	2 Chal	et Court			: ယ
			(Address)	· · · · · · · · · · · · · · · · · · ·	
Osp	rey FL	. 34229			
		(City	State and Zip Cod	e)	
For further in	formation (concerning this matter, please	call:		
Susan F (Chasse	e	at (941	, 445-548	1
	(Name	of Person)		le & Daytime T	elephone Number)
Enclosed is a	a check fo	or the following amount:			
\$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	•	\$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	Registrat Division Clifton I 2661 Ex	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	d Company" or their abbreviation "LLC," or "L.C.,")
Susan F Chassee LLC	2 626
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	S OF
The mailing address and street address of the pri	incipal office of the Limited Liability Company 1s:
Principal Office Address:	Mailing Address:
1212 Chalet Court	1212 Chalet Court
Osprey FL 34229	Osprey Ft. 34229
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	agistered agent are
The name and the Florida Street address of the R	EPFECTIVE DATE
Susan F Chassee	06/26/07
Name	
1212 Chalet Court	
Florida street add	ress (P.O. Box NOT acceptable)
Osprey	Fi 34229
City, State, an	
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance 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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REOUIRED 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.) Susan F Chassee		nagar	Name and Address:
Susan F Chassee 23 1212 Chalet Court Osprey FL 34229			
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: 06/26/07 (OPTIO fective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REOUIRED 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.) Susan F Chassee		BB	0,2
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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)