

L08000025360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

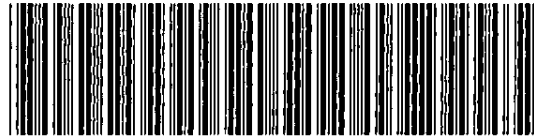
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900119767939

03/10/08--01020--017 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 11:03

J. BRYAN

MAR 11 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chester's Colony, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy O'Connell

(Name of Person)

Chester's Colony

(Firm/Company)

6440 MetroWest Blvd.

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy O'Connell at ( 407 ) 761-5084  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 11:03

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I** – The name of the limited liability company is Chester's Colony, LLC.

**ARTICLE II** – The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6440 MetroWest Boulevard #428  
Orlando, FL 32835

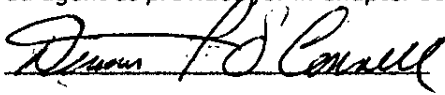
Mailing Address:

PO Box 618758  
Orlando, FL 32861-8758

**ARTICLE III** – The name and the Florida street address of the registered agent are:

Dennis P. O'Connell  
1632 SW Shady Lake Terrace  
Stuart, FL 34990

*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.*



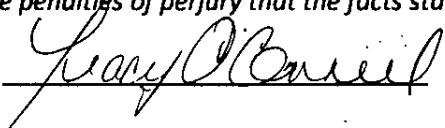
Registered Agent

**ARTICLE IV** – The name and address of each Manager or Managing Member is as follows:

<u>Title</u>	<u>Name and Address</u>
MGR	Tracy O'Connell 6440 MetroWest Blvd. #428 Orlando, FL 32835
MGRM	Marie O'Connell 1632 SW Shady Lake Terrace Stuart, FL 34990
MGRM	Valerie Murray 2175 NW Tilia Trail Stuart, FL 34994

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 11:08

*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.*



Tracy O'Connell