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PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Nan	ne)	
(De	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		

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SECRETARY OF STATE
ON OF CORPORATIONS

ON NOV 25 AN IO: 54

W08-51621

J. BRYAN

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2008

DENNIS P. CHAPPELL 1672 VALLEY DRIVE VENICE, FL 34292

SUBJECT: CHAPPELL SALES, L.L.C.

Ref. Number: W08000051621



We have received your document for CHAPPELL SALES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 12, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 208A00057105

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•	•	
Chapp-	e []	Sales	L.L. C.
(Must end with the	ne words "Lin	mited Liability Company!"L	L.C.," or "LLC.")

The name of the Limited Liability Company is:

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:	
1672 Valley DRIVE	Samo	
Vevice, F1:34292		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dennis P. Chappel	8 2	NSIN Market
Name	\$	异抗
1672 Valley Drive	25	SAN
Florida street address (P.O. Box NOT acceptable)	Ē	322
Venice, FL 33429	ੜ	HAK HENNE
City, State, and Zip	$\tilde{\Sigma}$	OHS.

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's Signature (REQUIRED)

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	Name and Address:		
"MGRM" = Managing Member	Dennis P.Chappell 1672 Valley Drive Venice, Fl34292		
	08 NOV 25		
(Use attachment if necessary)	5 AM 10: 54		
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior		
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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)