

LOG000113940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

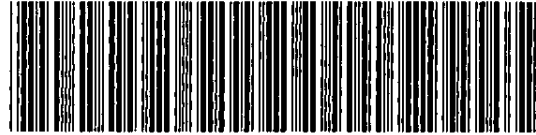
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/08--01030--018 **125.00

EFFECTIVE DATE

11/1/08

B. KOHR

DEC 15 2008

EXAMINER

FILED
08 DEC 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

EFFECTIVE DATE 1/1/04

SUBJECT: GRACE UNLIMITED, 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:

RAY A. MCGHEE

(Name of Person)

RAY A. MCGHEE CPA

(Firm/Company)

6290 NW 173RD STREET, #126

(Address)

MIAMI, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

RAY A. MCGHEE

(Name of Person)

at **(305) 926-5374**

(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
08 DEC 15 AM 11:15
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2008

RAY A. MCGHEE
RAY A. MCGHEE CPA
6290 N.W. 173RD STREET, #126
MIAMI, FL 33015

SUBJECT: GRACE UNLIMITED, LLC
Ref. Number: W08000051959

EFFECTIVE DATE 1/1/09

We have received your document for GRACE UNLIMITED, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 908A00057357

EFFECTIVE DATE 11/10/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHESTER ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10303 LOLLIPOP LANE

ORLANDO, FL 32821

Mailing Address:

P.O. BOX 617456

ORLANDO, FL 32861

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:

RAY A. MCGHEE

Name

6290 NW 173RD STREET, #126

Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33015

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..



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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DEIRDRA CHESTER

10303 LOLLIPOP LANE

ORLANDO, FL 32821

MGR

DAYNA CHESTER

10303 LOLLIPOP LANE

ORLANDO, FL 32821

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 1, 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 that the facts stated herein are true.)

DEIRDRA CHESTER

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2008

RAY A. MCGHEE
6290 NW 173RD STREET, #126
MIAMI, FL 33015

SUBJECT: CHESTER ENTERPRISES, LLC
Ref. Number: W08000054911

We have received your document for CHESTER ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 308A00059880