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D. BRUCE

DEC 3 0 2008

EXAMINER

COVER LETTER



TO: **Registration Section**

Division of Corporations	
SUBJECT: Chappell & Associates, 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:	
Cindy Ellis	
(Name of Person)	
Chappell & Associates, LLC	
(Firm/Company)	_
10420 Spoonbill Road W	•
(Address)	-
Bradenton, FL 34209	; <u> </u>
(City/State and Zip Code)	, μ
For further information concerning this matter, please call:	} ⊂ 5
Cindy Ellis at 941 792-2665	· ·
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	::
Chappell & Associates, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is
The maning dadress and street address of the p	minopar office of the Elimica Elability Company is
Principal Office Address:	Mailing Address:
10420 Spoonbill Road W	10420 Spoonbill Road W
Bradenton, FL 34209	Bradenton, FL 34209
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another
	E C T
Cindy Ellis	29 IL
Nam	
10420 Spoonbill Ro	ad W
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)
Bradenton	_{FL} 34209
City, State	
Having heen named as registered agent and to	accept service of process for the above stated limited

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..

Regisfered 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:

	Manager Managing Member	Name and Address:
MGR		Cindy Ellis
	····	10420 Spoonbill Road W
		Bradenton, FL 34209
		
	,	
/11		
CLE V: Effective date days after t	ment if necessary) ctive date, if other than t is listed, the date must the date of filing.) D SIGNATURE:	the date of filing: 12/23/2008 . (OPTION to be specific and cannot be more than five business dates to be specific and cannot be more than five business dates.)
CLE V: Effective date days after t	ctive date, if other than t is listed, the date must the date of filing.)	the date of filing: 12/23/2008 (OPTION to be specific and cannot be more than five business dates the specific and cannot be more than five business dates.
CLE V: Effective date days after t	ctive date, if other than t is listed, the date must the date of filing.) D SIGNATURE:	ber or an authorized representative of a member
CLE V: Effective date days after t	ctive date, if other than t is listed, the date must the date of filing.) D SIGNATURE: Signature of a ment of this document column.	ber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution of period statutes an affirmation under the penalties of period statutes an affirmation under the penalties of period statutes and affirmation under the penalties of period statutes.
CLE V: Effective date days after t	ctive date, if other than t is listed, the date must the date of filing.) D SIGNATURE: Signature of a ment of this document contact the facts state	ber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution of period statutes an affirmation under the penalties of period statutes an affirmation under the penalties of period statutes and affirmation under the penalties of period statutes.

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)