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2009 JAN -5 AMII: 28
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Chase	e's Racing Pigs, LLC	;	
	(Name of Limited	Liability Company)	
The enclosed Articles of	of Organization and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
Pamela J.	Chase		
	(N	ame of Person)	
Chase's F	Racing Pigs, LLC		
	(F	irm/Company)	LEG J
440 SW A	rchie Glen		
		(Address)	SS OF
Lake City	, FL 32024		2009 JAN -5 AM II: 28 SECKCIARY OF STATE MALLAHASSEE, FLORID
	(City/S	State and Zip Code)	: 2x
For further information	concerning this matter, please c	ail:	35
Pamela J. Cha	ise ,	386 365-0700	
(Name	e of Person)	(Area Code & Daytime Telephor	ne Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	60.00 Filing Fee, ertificate of Status & ertified Copy dditional 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	;

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Chase's Racing Pigs, LLC (Must end with the words "Limited Liability")	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Chase's Racing Pigs, LLC	Chase's Racing Pigs, LLC
440 SW Archie Glen	440 SW Archie Glen Lake City, FL 32024
Lake City, FL 32024	Lake City, FL 32024
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reparameter in Pamela J. Chase Name	red Agent. You must designate an individual or another
440 SW Archie Glen Florida street addre Lake City	ess (P.O. Box <u>NOT</u> acceptable)
City, State, an	·-

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 agregistered 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:

IGRM" = Managing Mem	
BR	Pamela J. Chase
	440 SW Archie Glen
	Lake City, FL 32024
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>December 31, 2008</u>. (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 beggin are true.)

that the facts stated herein are true.)

Typed or printed name of signer

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)