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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 14 PM 3:09

FILED

S. HAWKES

MAY 15 2009

EXAMINER

CHME, LLC.
1377 North Collier Boulevard
Marco Island, Florida 34145-2343
(239) 389-0945 Telephone (239) 389-0944 Fax

William E. Christ

Robert W. Messmer

May 11, 2009

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen/Ladies:

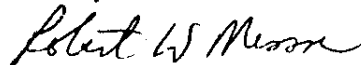
Re: CHME, LLC.

Enclosed please find :

1. Two original Articles of organization for CHME, LLC., a Florida Limited Liability Company;,,
2. Check in the amount of \$155.00 for the filing fee and certified copy.

Please file.

Sincerely,



Robert Messmer

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHME, 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:

William Christ

Name of Person

CHME, LLC.

Firm/Company

1377 North Collier Blvd.

Address

Marco Island, Florida 33145

City/State and Zip Code

islandcarousel@embarqmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Christ

Name of Person

at (**239**) **389-0945**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHME, 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:

1377 North Collier Boulevard
Marco Island, FL 34145

Mailing Address:

1377 North Collier Boulevard
Marco Island, FL 34145

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:

William Christ

Name

1377 North Collier Boulevard

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

Marco Island, FL 34145 FL

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.

William Christ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

William Christ

1377 North Collier Boulevard

Marco Island, FL 34145

MGRM

Robert Messmer

2 Brookstone Court

Lutherville, MD 21093

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Robert Messmer

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)