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EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Chip Darnell Funding, LLC
	Name of Limited Liability Company
•	osed Articles of Organization and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following:
•	
_	Holly Blubaugh
	Name of Person
	Security Trust Company
	Firm/Company
	223 N. Prospect St., Ste. 202
_	Address
	Hagerstown, MD 21740
_	City/State and Zip Code
	holly.blubaugh@securitytrustcompany.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Holly Blubaugh at (301) 665-2830
	Name of Person Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
_	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	my is:
Chip Darnel (Must end with the words "Limite	If Funding, LLC d Linbility 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:	Mailing Address:
4522 South Ferncroft Circle Tampa, FL 33629	4522 South Ferncroft Circle Tampa El 33629
(The Limited Liability Company cannot serve as its own business cutty with an active Florida registration.) The name and the Florida street address of William	Stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: In G. Darnell III Name
	th Fernoroft Circle
	s (P.O. Box NOT acceptable)
Tampa City, S	FL State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S Signsture (REQUIRED)

(CONTINUED)

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Page 1 of 2

<u>Fitle:</u> "MGR" = Mar "MGRM" = M	nager Asnaging Member	Name and Address:
MGR		William G. Damell III
· · · · · · · · · · · · · · · · · · ·		4522 South Ferncroft Circle
		Tampa, Et. 33629
MGR		Security Trust Company
		223 N. Prospect St., Ste. 202
		Hagersfown, MD 21740
	•	
		•
		the MANAGE Annual Control of the Assessment of t
Use attachme	ent if necessary)	
LE V: Effecti fective date is	ve date, if other than the da	te of filing: (OPTION pecific and cannot be more than five business d
LE V: Effecti fective date is days after the	ve date, if other than the date listed, the date must be special date of filing.) SIGNATURE: Signature of a member of	pecific and cannot be more than five business d
LE V: Effecti fective date is days after the	ve date, if other than the date listed, the date must be special date of filing.) SIGNATURE: Signature of a member of the accordance with section	pecific and cannot be more than five business d r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution tes an affirmation under the penaltics of perjury
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LE V: Effective date is days after the REQUIRED	ve date, if other than the date listed, the date must be specially distributed by the date of filing.) SIGNATURE: Signature of a member of this document constituting that the facts stated herein Types	r an authorized representative of a member. on 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perjury are true.)
LE V: Effecti fective date is days after the REQUIRED	ve date, if other than the date listed, the date must be specially distributed by the date of filing.) SIGNATURE: Signature of a member of this document constitution that the facts stated herein with the facts of this document constitution of this document constitution.	r an authorized representative of a member. In 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perjury are true.) Illiam G. Dameli III I or printed name of signer
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LE V: Effective date is days after the REQUIRED Filing F. S125.00 Filing of F.	ve date, if other than the date listed, the date must be specially distributed by the date of filing.) SIGNATURE: Signature of a member of this document constitution that the facts stated herein with the facts of this document constitution of this document constitution.	r an authorized representative of a member. In 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perjury are true.) Illiam G. Dameli III I or printed name of signer

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