

LU9000673320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

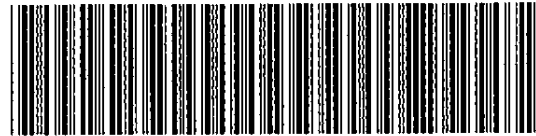
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/31/09--01001--014 \*\*155.00

RECEIVED

09 JUL 30 PM 4:51

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUL 30 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 31 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 07-30-2009

REF. #: 001893.108103

CORP. NAME: CHS PROPERTY HOLDINGS, LLC

FILED  
09 JUL 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 531198 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

STATE of FLORIDA  
LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

FILED  
09 JUL 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is **CHS PROPERTY HOLDINGS, LLC.**

**SECOND:** The address of the limited liability company's registered office in the state of Florida is 1007 North Federal Highway #304, Fort Lauderdale, Florida 33304 in Broward County.

The name of the limited liability company's registered agent at such address in the state of Florida is **STUART M. SHERMAN.**

**THIRD:** The period of duration of the limited liability company shall be perpetual from the date of issuance of the Articles of Organization by the Division of Corporations in the state of Florida.

**FOURTH:** The limited liability company is to be manager managed.

The undersigned has executed this Articles of Organization of **CHS PROPERTY HOLDINGS, LLC** on this 27 day of July, 2009.

By: Stuart M. Sherman  
**STUART M. SHERMAN,**  
Authorized Representative

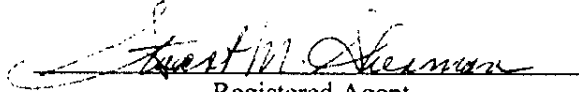
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida statutes Sections 608.415 and 621.13(2), the undersigned Company, organized pursuant to the laws of the state of Florida, submits the following statement designating the registered agent/registered office in the state of Florida.

1. The name of the Company is **CHS PROPERTY HOLDINGS, LLC.**
2. The name and address of the registered agent and office is:

Attention: **STUART M. SHERMAN**  
1007 North Federal Highway #304  
Fort Lauderdale, Florida 33304.

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 in Chapter 608 of the Florida statutes.

  
\_\_\_\_\_  
Registered Agent

Date: July 27, 2009