

L09000082387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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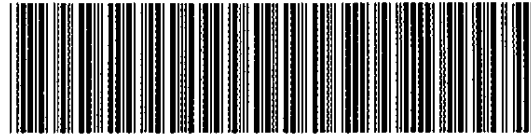
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 AUG 26 PM 4: 32
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2009 AUG 26 PM 4: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAGO
INVESTMENTS LLC.
Name of Limited Liability Company

FILED
09 AUG 26 PM 4:35
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GOPAL RENGAN LAKHSMANAN
Name of Person
CHAGO
INVESTMENTS LLC.
Firm/Company
603 FULTON ROAD #F53
Address
TALLAHASSEE, FL - 32312
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GOPAL RENGAN at (515) 306-5995
Name of Person 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:

CHAGO

INVESTMENTS 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:

603 FULTON ROAD #F53
TALLAHASSEE, FL-32312

Mailing Address:

603 FULTON ROAD #F53
TALLAHASSEE, FL-32312

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:

Gopal Rengan Lakshminan
Name

603 Fulton Road, #F53
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32312
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..

Gopal Rengan Lakshminan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Gopal Rengan Lakshmanan
603 Fulton Road # E53
Tallahassee, FL - 32312

MGRM

Chandra Shekar
603 Fulton Road # E41
Tallahassee, FL - 32312

(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:

Gopal Rengan Lakshmanan
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.)

GOPAL RENGAN LAKSHMANAN
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)