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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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Certified Copies Certificates of Status			
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· COVER LETTER

TO: Registration S Division of Co				
SUBJECT: JE	ENNITER Cha	mberlain, L	,LC	
SUBJECT:		ed Liability Company	 	
The england Amisles	Committee and Carlo and	and an interest from Elimon		
	f Organization and fee(s) are	_		
Please return all corresp	oondence concerning this matt	-		
	Jennifer (Phamberlain Name of Person		
Jennifer Chamberlain, LLC Firm/Company				
		Firm/Company		
20012 HETHERSTONE WAY #6				
·		Address		
ESTERO, JL 33928 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
	`	•		
	concerning this matter, please			
<u>Tennifer</u>	Chamberlain	at (239) 290	-5944	
Name	of Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check for	or 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 C	ircle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
Tennifer Chi (Must end with the words "Limited I	amberlain, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
20012 HEATHOUSTONO WAY # 0 ESTERO, 7L 33928	20012 Heatherstone WAY#6
ESTERO, 74	ESTERD, 3L
33928	<u> 33728</u>
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	the registered agent are:
Jennifer	
N	ame Use Astrono Way #6 Pro Property
Head	DIABANTAN ILIAN TO COM

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..

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

Registered Age '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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_MGR	Jennifer Chamber lain 20012 Heatherstone WAX#6 ESTERO, JL 33928
	2010 APR 22 PM
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: APRIL 19,2019 (OPTIONAL) e specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

ature of 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.)

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)