# L10000049966

Office Use Only



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J. BRYAN
MAY 1 0 2010

**EXAMINER** 

# **COVER LETTER**

TO: Registration Division of C					
SUBJECT: Chao A	ssociation Services, LL		EIN 27	<u>- 2</u> 493	203
	Name of Limi	ted Liability Company			
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
Joseph Wayı	ne Chao		_		
		Name of Person			
Chao Associ	ation Services, LLC				
		Firm/Company			
3468 Olympic	Drive			<u> </u>	
		Address		HAY AEI	
Green Cove	Springs, FL 32043			AR SS	
		ty/State and Zip Code		PA	M
joewchao@ya		for future annual report notification)		<u> </u>	
For further information	concerning this matter, pleas	•		ATE =	•
Joe Chao	of Person	at ( 904 ) 945-6529			
Name	of Person	Area Code & Daytime Tele	epnone Number		
Enclosed is a check f	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)	1 \$160.00 Filin Certificate of Certified Con (additional cop	f Status &	

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:

Chao Association Services, LLC

EIN 27-2493203

(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 A	Address:	Mailing Address:	
Chao Association Servi	ces, LLC	Chao Association Services	
3468 Olympic Drive		3468 Olympic Drive	
Green Cove Springs, FL 32043		Green Cove Springs, FL 32043	
3468 Olympic Drive Florida street : Green Cove Springs		Registered Agent. You must designate an ind	

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..

Registered Agent'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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Joseph Wayne Chao		
	3468 Olympic Drive	_	
	Green Cove Springs. FL 32043	- -	
MGRM	Norma Jean Chao		
	3468 Olympic Drive	_	
	Green Cove Springs, FL 32043	- -	
MGRM	Benjamin Manuel Chao ביי ביל	_ =	
<del> </del>	8036 West Forrest Grove	- <u>-</u>	and the same
	Phoenix, AZ 85043	A	
	ASS		-
		소 유 유	m
	<del></del>		
	<u> </u>	S ?	
(Use attachment if necessary)	ORIOR	計二	
ARTICLE V: Effective date, if other than the da	• • • • • • • • • • • • • • • • • • • •	,	
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five business	days p	rior
to or 90 days after the date of fining.)			
REQUIRED SIGNATURE:	)		
	)		
( ael ch	(A)		
Signature of a member of	or an authorized representative of a member.		
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)		
۱ Joseph Wayne Chao			
	d or printed name of signee		
	- <del>-</del>		

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)