

L100000 61481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000181658450

06/07/10--01011--019 \*\*125.00

EFFECTIVE DATE 6/3/2010

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN - 7 AM 9:28

B. KOHR

JUN - 9 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

EFFECTIVE DATE

6/3/2010

SUBJECT: Chromosome 180 LLC

Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN -7 AM 9:28

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

Please return all correspondence concerning this matter to the following:

Benjamin Weise

Name of Person

Chromosome 180 LLC

Firm/Company

12200 93rd Street

Address

Largo, FL 33773

City/State and Zip Code

bweise2000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Weise

Name of Person

at ( 727 ) 584-9392

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

EFFECTIVE DATE

6/3/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chromosome 180 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:

Mailing Address:

12200 93rd Street

Largo, FL 33773

12200 93rd Street

Largo, FL 33773

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:

Benjamin Weise

Name

12200 93rd Street

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

Largo

FL 33773

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..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUN - 7 AM 9:20

**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

Benjamin Weise

12200 93rd Street

Largo, FL 33773

MGRM

Patrick Deeb

5313 Avron Blvd

Metairie, LA 70006

MGRM

Michael Deeb

7916 Garden Drive North

St. Petersburg, FL 33710

MGRM

Andrew Licht

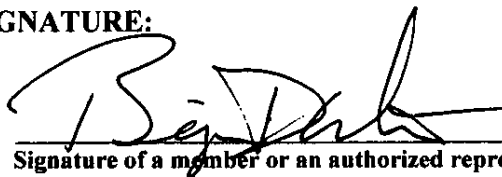
4235 32nd Ave North

St. Petersburg, FL 33713

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/03/2010 (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:**



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.)

Benjamin D Weise

Typed or printed name of signer

**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)