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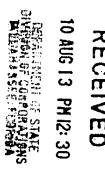
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PICK-UP WAIT MAIL
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EXAMINER

## **COVER LETTER**

TO:	Registration Division of C				
SUBJI	CHUNK IT LLC.				
		Name of Limit	ed Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
			Dennis Nielsen		
			Name of Person		
			Chunk It LLC.		
			Firm/Company		
	1331 Hidden Timbers PI, Tallahassee, FL 32312				
			Address		
			ahassee, FL 32312		
			y/State and Zip Code		
		E-mail address: (to be used	kit LLC @ gMail ICOM  for flature annual report notification)		
For fur	rther information	concerning this matter, please	e call:		
Denn	is Nielsen		_at ( 850 )509-4836		
	Name	e of Person	Area Code & Daytime Telephone Number		
Enclos	sed is a check f	or the following amount:			
<b>□\$</b> 125.	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Cor	mpany is:
•	
CH	IUNK IT LLC.
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1331 Hidden Timbers PL	1331 Hidden Timbers PL
Tallahassee, FL 32312	Tallahassee, FL 32312
business entity with an active Florida registration.  The name and the Florida street address	
	lenna Nielsen
	Name
133	1 Hidden Timbers PL
Florid	a street address (P.O. Box NOT acceptable)
Ta	allahassee, FL 32312
	City, State, and Zip
liability company at the place desig registered agent and agree to act in thi	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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:

"MGR" = Manager "MGRM" = Managing Member  Managing Member  Dennis Nielsen 1331 Hidden Timbers PI Tathassee, Fl 32312  Managing Member  Stephen Henderson 1831 Folkstone Rd Tallahassee, Fl 32312  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	Title:		Name and Address:
Managing Member  Dennis Nielsen 1331 Hidden Timbers PI Tellahassee, Fl 32312  Managing Member  Stephen Henderson 1831 Folkstone Rd Tallahassee, FL 32312  (Use attachment if necessary)  LE V: Effective date, if other than the date of filling:  (OPTIONAL ffective date is listed, the date must be specific and cannot be more than five business days days after the date of filling.)  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.)			
Managing Member    Stephen Henderson   1831 Folkstone Rd   Tallahassee, Fl. 32312	"MGRM" = Mana	ging Member	
Managing Member    Stephen Henderson   1831 Folkstone Rd   Tallahassee, FL 32312	Managing Membe	ər	Dennis Nielsen
Managing Member    Stephen Henderson   1831 Folkstone Rd   Tallahassee, FL 32312		_	1331 Hidden Timbers Pl
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			Tallahassee, FI 32312
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	Managing Member		Stephen Henderson
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		-	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
LE V: Effective date, if other than the date of filing:		<del></del>	
LE V: Effective date, if other than the date of filing:			
LE V: Effective date, if other than the date of filing:			
LE V: Effective date, if other than the date of filing:		_	
LE V: Effective date, if other than the date of filing:			
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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.)	(Use attachment it	f necessary)	
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(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.)	REQUIRED SIG	NATURE:	
(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.)		77	$\Omega$
(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.)		γ, ,	1.7/.
(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.)		Puu	) NWe
of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		Signature of a member of	or an authorized representative of a member.
DONNIS Nielson		of this document constitut	tes an affirmation under the penalties of perjury
		that the facts stated herein	n are true.)
		$\sim$	ANS Nielcon

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)