110000105956

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne) ·
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
! 		

Office Use Only

G. MCLEOD

OCT 11 2010

EXAMINER



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10 OCT -8 PH 2:41
SECRETARY OF STATE
TALL AHASSEF, FLORID.

COVER LETTER

Registration Section

TO:

Division of C	orporations		
SVIDARION CH COV	ntracting Group LLC		
SUBJECT: OFF OUR		ed Liability Comp	pany
The enclosed Articles	of Organization and fee(s) are	submitted for filir	ng.
Please return all corres	pondence concerning this mat	ter to the followin	ag:
Kenneth Cor	nell		
		Name of Person	
CH Contracti	ng Group LLC		
		Firm/Company	
447 Forest Tr	rail		
		Address	
Oviede Fleri	d= 00705		
Oviedo, Flori		y/State and Zip Coc	de
ken@cornellh		•	
	E-mail address: (to be used	for future annual rep	port notification)
For further information	concerning this matter, please	e call:	
Kenneth Cornell		at (407	₁ 467-9547
Name	of Person	Area Cod	467-9547 de & Daytime Telephone Number
Enclosed is a check for	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filit Certified Co (additional cop	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building secutive Center Circle assee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

0110					
CH Contractil	ng Group LLC (Must end with the word	s "Limited Liability Company, "L.L.C.," or "t.l.C.")			
		Billiot Blabing Company, E.E.C., or Effe.			
ARTICLE II -					
The mailing add	dress and street add	lress of the principal office of the Limited Li	iability Co	ompa	ny is
Principal Offic	e Address:	Mailing Address:			
447 Forest Trail		447 Forest Trail			
Oviedo, Florida 3276	35	Oviedo, Florida 32765			
The name and the		dress of the registered agent are:	AH.	0CT -8	NAME OF THE PERSON OF THE PERS
	Kenneth Corn	ell Name	ARY (المعلمة إ
		Name	ARY OF S	24	T
	447 Forest Tr	Name	ARY OF STAT \SSEE. FLORI		
	447 Forest Tr	Name rail	ARY OF STATE \SSEE, FLORIDA	PH 2:	
	447 Forest Tr	Name rail Iorida street address (P.O. Box <u>NOT</u> acceptable)	ARY OF STATE ASSEE, FLORIDA	PH 2:	

(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	er
MGR	Madeline Cornell
	447 Forest Trail
	Oviedo, Florida 32765
MGR	Kenneth Cornell
	447 Forest Trail
	Oviedo, Florida 32765
MGRM	Michael Hodgkins
	12811 Sharp Shine St
	Orlando, Florida 32837
MGRM	Julie Hodgkins
	12811 Sharp Shine St
	Orlando, Florida 32837
(Use attachment if necessary) LE V: Effective date, if other t	han the date of filing: 9/15 . (OPTIO)
	must be specific and cannot be more than five business d
days after the date of ining.)	
REQUIRED SIGNATURE:	. 1 1
,	
	member of an authorized representative of a member.
Signature of a	with section 608.408(3), Florida Statutes, the execution
Signature of a (In accordance of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury
Signature of a (In accordance of this docume	with section 608.408(3), Florida Statutes, the execution
Signature of a (In accordance of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)

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)