

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2022 MAR 9 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000108870

1. Limited Liability Company's Name

CHASE MANAGEMENT FUND, LLC

100383342891
03/09/22--01004--001 **377.50

2. Principal Office Address - No P.O. Box #

3558 Tanglewood Trail

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Zip

34685

Country

Pinellas

Zip

Country

CR2E941 (1/14)

4. State/Country of Formation

MI / OAKLAND

5. Date Organized or Qualified To Do Business in Florida

10/18/2010

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name

Gregory Chase

Street Address (P.O. Box Number is Not Acceptable) Suite,

3558 Tanglewood Trail

Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34685

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Gregory Chase
REGISTERED AGENT MUST SIGN

Date 03/02/2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Gregory Chase	3558 Tanglewood Trail	Palm Harbor FL 34685

REINSTATEMENT

MAR 9 2022

R. HUNT

11. E-mail Address.

chase.in.nwburbs@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Gregory Chase

Date

03/02/2022

Daytime Phone #

630-881-9649

Typed or printed name of signing authorized representative/member

Gregory Chase