# L11000004155

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SECRETARY OF STATIONS
OF CORPORATIONS
11 JAN 10 PRICE 29

## **COVER LETTER**

Division of Corporations	•
SUBJECT: Chadwell Homes, LLC	
	d Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Michael Chadwell	
	Name of Person
Chadwell Homes, LLC	
	Firm/Company
1721 South Kings Avenue	
	Address
Brandon, FL 33511	
City	//State and Zip Code
mike@chadwellhomes.com	or future annual report notification)
For further information concerning this matter, please	call:
Michael Chadwell	at ( 813 ) 413-4013
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{Status}\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Chadwell Homes, LLC (Must end with the words "L.	imited 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 Co	mpany is:
Principal Office Address:	Mailing Address:	
1721 South Kings Avenue	1721 South Kings Avenue	
Brandon, FL 33511	Brandon, FL 33511	
(The Limited Liability Company cannot serve as it business entity with an active Florida registration		
		SEC SECR
The name and the Florida street addre		SION OF
Michael Chady	well Name Wood Lane	SION OF COR
Michael Chady  401 Citrus	Well Name  Wood Lane da street address (P.O. Box NOT acceptable)	SION OF CORPOR
Michael Chady	well  Name  Wood Lane  da street address (P.O. Box NOT acceptable)  FL 33594	38 38 8
Michael Chady  401 Citrus	Well Name  Wood Lane da street address (P.O. Box NOT acceptable)	38 38 8

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Michael Chadwell
	401 Citrus Wood Lane Valrico, FL 33594
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: January 5, 2011 (OPTIONAL) t be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
	Sicon Sicon Market
Signature of a men	niber 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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

### Michael Chadwell

Typed or printed name of signee

#### 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)

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