110000 32074

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T. HAMPTON MAR 1 # 2011 EXAMINER

"COVER LETTER "

TO: Registration Section Division of Corporations	
SUBJECT: Cheta LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Patricia McNutt	
	Name of Person
Cheta LLC	
	Firm/Company
2011 North Indian River Dr	rive
	Address
Cocoa, FL 32922	
Ci	ty/State and Zip Code
mmikemullins@cfl.rr.com	for future annual report notification)
·	·
For further information concerning this matter, pleas	e can:
Mike Mullins, EA	at (321) 383-9050
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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



RECEIVED

11 MAR 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2011

PATRICIA MCNUTT 2011 N INDIAN RIVER DR COCOA, FL 32922

SUBJECT: CHETA LLC

Ref. Number: W11000011454

We have received your document for CHETA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 111A00004928

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CHEETA LLC			
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
TICLE II - Address: e mailing address and street address of the principal office of the Limited Liability Company			
Principal Office Address:	Mailing Address:		
2011 NORTH INDIAN RIVER DRIVE COCOA, FL 32922	220 CHENEY HWY TITUSVILLE, FL 32780		

The name and the Florida street address of the registered agent are:

Mike Mull	ins, EA
	Name
220 Ch	eney Hwy
	Florida street address (P.O. Box NOT acceptable)
Titusville	_{FL} 32780
•	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

is:

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

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

MGR	Patricia McNutt
	2011 North Indian River Drive
	Cocoa, FL 32922
	The second secon
	
(Use attachment if necessar,)
F T T . 17. 17.00 - 41 d-4- 1.0 - 41	About the date of fillings.
	than the date of filing: (OPTIONAl emust be specific and cannot be more than five business day

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. 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.)

Patricia McNutt

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)