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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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FILEU 2011 JULI AM 9: 53 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS

JUL 1 5 2011

EXAMINER

* COVER LETTER

TQ: Registration So Division of Cor			
SUBJECT:	nad Haynes	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
_ Ch	ad Riley	Haynes Name of Person	
Ch	ad Haynes	LLC Figs/Consens	
2655	Marsh Rd	Address	
Delar		32724	
Maxx		y/State and Zip Code O. CON for future annual report notification)	
For further information c	oncerning this matter, pleas	e call:	
Chad Riley	Haynes	at (386) 873-2 Area Code & Daytime Telep	5255 shone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Ci Tallahassee FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company	y is:					
Chad Haynes L (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Address:						
Principal Office Address:	Mailing Address:					
2655 Marsh Rd Deland FL 32724	2655 Marsh Rd Ocland FL 32724					
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Chad Riley Na R	Haynes SEEF T					
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S					

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Chad Riley Haynes
	2655 Marsh Rd
	<u>Velano FL 32724</u>
(Use attachment if necessary)	•
LEV: Effective date, if other than th	e date of filing: (OPTION
fective date is listed, the date must l	be specific and cannot be more than five business d
days after the date of filing.)	
	1
REQUIRED SIGNATURE:	
	/ //
_	7
Clauston of a march	er or an authorized representative of a member.

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)