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Certified Copies		Certificates o	f Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section

Division of Corporations Chehab Communications, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Taha Chehab Name of Person Firm/Company 5745 SW 75th Street #284 Address Gainesville, FL 32608 City/State and Zip Code Chehab@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taha Chehab Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & **✓** \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street/Courier Address **Mailing Address** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	ny is:	
Chehab Communications, LLC		
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
5745 SW 75th Street #284 Gainesville, FL 32608	5745 SW 75th Stree Gainesville, FL 3260	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate	
Taha Chehab		
	Name	
8217 SW 92nd LN		
Florida stre	eet address (P.O. Box NOT acceptal	ble)
Gainesville,	_{FL} 32608	
C	ity, State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby ac spacity. I further agree to comp ete performance of my duties, a	ccept the appointment as aly with the provisions of all and I am familiar with and
Registered Agent's	Signature (REQUIRED)	SECR TALLA

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Taha Chehab 5745 SW 75th Street #284 Gainesville, FL 32608
(Use attachment if necessary)	
LE V: Effective date, if other than ffective date is listed, the date mus days after the date of filing.)	the date of filing: (OPTIONAL t be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	•

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.)

Taha Chehab

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)