

L12000013319

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

371813

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000023385 3)))



H120000233853ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

EFFECTIVE DATE 01-25-12

RECEIVED

12 JAN 27 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter email address for this business entity to be used for future report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CHUGWATER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED  
JAN 27 2012  
TALLAHASSEE, FLORIDA

12 JAN 27 PM 0:31

FEB 1 2012

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JAN 30 2012

EXAMINER

1/27/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

EMPIRE CORP KIT

9056339696

01/27/2012 13:55

H12000023385

**ARTICLES OF ORGANIZATION  
FOR  
CHUGWATER LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **CHUGWATER LLC**

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 6503 NW **CHUGWATER Circle**, Port St. Lucie, FL 34983.

**ARTICLE III  
Duration**

This period of duration for the Limited Liability Company shall be: **PERPETUAL**.

**ARTICLE IV  
Purpose**

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Limited Liability Company Act.

**ARTICLE V  
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be **LISA I. GLASSMAN, P.A., 18851 NE 29<sup>th</sup> Avenue, Suite 700, Aventura, Florida 33180** and the name of the initial registered agent of the Limited Liability Company at that address is **Lisa I. Glassman, Esq.**

RECORDED  
12 JUN 27 AM 6:51

12 JUN 27 AM 6:51

H12000023385

**ARTICLE VI**

**Management**

The Limited Liability Company is to be managed by two (2) managers and the name and the address of the managers are:

Charles Dubost  
8 Impasse Des Freres Lumiere  
38230 Chavaz-France

Nadine Dubost  
8 Impasse Des Freres Lumiere  
38230 Chavaz-France

**ARTICLE VII**

**Effective Date**

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of January 25, 2012, which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representative of a member of CHUGWATER LLC hereby executes these articles of organization on this 25th day of January 2012.



Charles Dubost

FILED  
TALLAHASSEE, FLORIDA

12 JAN 27 11:03:31

-H12000023385

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

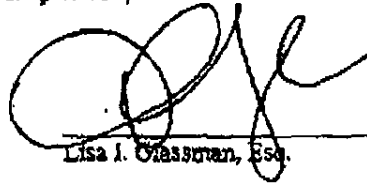
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY  
SUBMITS THE FOLLOWING STATEMENT TO BE DESIGNATED A REGISTERED  
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **CHUGWATER  
LLC.**

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

Lisa I. Glassman, Esq.  
**LISA I. GLASSMAN, P.A.,**  
18851 NE 29<sup>th</sup> Avenue, Suite 700  
Aventura, FL 33180

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.

  
Lisa I. Glassman, Esq.

STATE  
TALLAHASSEE, FLORIDA

12 JUL 27 01 03 31

H12000023385