L120000455522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

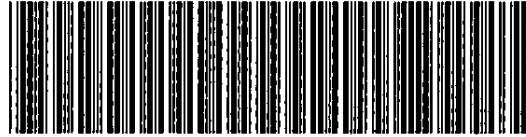(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

SUBJECT: _Chace N Wood_

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:

Casey Merritt

Name of Person

Chace N Wood

Firm/Company

9957 Triple Crown Circle

Address

Orlando, FL 32825

City/State and Zip Code

Kcafmi8@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Merritt at (_407_) _701-3546_

Name of Person   Area Code & Daytime Telephone Number

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   Certified Copy   Certificate of Status &
                                                            (additional copy is enclosed)   Certified Copy
                                                                                            (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Chace N Wood LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9957 Triple Crown Circle
Orlando, FL 32825

Mailing Address:

9957 Triple Crown Circle
Orlando, FL 32825

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Amber Merritt
Name

9957 Triple Crown Cr
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32825
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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Casey L Merritt
9957 Triple Crown Circle
Orlando, FL 32825

MGRM

Amber E. Merritt
9957 Triple Crown Cr
Orlando, FL 32825

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Casey Merritt
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.)

Casey L. Merritt
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)