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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section

Division of Corpo	rations				
SUBJECT: CHARLANN, LLC					
Name of Limited Liability Company					
The enclosed Articles of Or	ganization and fee(s) are	submitted for ter to the follo	filing. A any wing:	enclosed to	
JOHN GALLETTA, JR., ESQ.					
Name of Person					
LAW OFFICE OF JOHN GALLETTA, JR., PL					
Firm/Company					
1095 ANASTASIA BLVD.					
		Address	-		
ST. AUGUSTINE, FL 32080					
City/State and Zip Code					
johnlaw@johngalletta.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
John Galletta, Jr.		at (904) 461-6644			
Name of P	erson		Code & Daytime Tel	ephone Number	
Enclosed is a check for the	ne following amount:				
<u> </u>	130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & [I Copy I 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 Fallahassee, FL 32314	Regi Divi Clift 2661	et/Courier Address stration Section sion of Corporation on Building Executive Center ahassee, FL 32301	is	

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ARTICLES OF ORGANIZATION OF CHARLANN, LLC.

ARTICLE I - NAME

The name of the limited liability company is Charlann, LLC., ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

305 A1A Beach Boulevard St. Augustine, Florida 32080 305 A1A Beach Boulevard St. Augustine, Florida 32080

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

John Galletta, Jr. 1095 Anastasia Boulevard St. Augustine, Florida 32080

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..

John Galletta, Jr.

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Charles Binninger

305 A1A Beach Boulevard St. Augustine, Florida, 32080

MGMR

Ann Binninger

305 A1A Beach Boulevard St. Augustine, Florida 32080

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a plember.

(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.)

Charles Binninger

Typed or printed name of signee