# L12000104349

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PICK-UP WAIT MAIL
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(Document Number)
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C. LEWIS

AUG 1 4 2012

EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Champlast Boalty Hol	dings IIC
SUBJECT: ChemPlast Realty Hol Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Walter M. Tarpley	
	Name of Person
ChemPlast Realty Holding	gs, LLC
	Firm/Company
233 SE Bella Strano	
	Address
Port St Lucie, FL 34984	
	ty/State and Zip Code
sgtarp@htcplus.net	for future annual report notification)
For further information concerning this matter, pleas	•
Sharon Tarpley	772 345-4324
Name of Person	at (772 ) 345-4324  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional 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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	9	
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The name of the Limited Liability Company is:

## ChemPlast Realty Holdings, 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:	Mailing Address:
233 SE Bella Strano	233 SE Bella Strano
Port St Lucie, FL 34984	Port St Lucie, FL 34984
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re	ered Agent. You must designate an individuation another
Walter Tarpley	SSET OF
Name	
233 SE Bella Stra	ano Por NOT secontable)
Florida street add	ress (P.O. Box NOT acceptable)
Port St Lucie	<sub>FL</sub> 34984
City, Sta	te, 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 (REQUINED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or	r Managing Member(s): FILED	FILED	
The name and address of each l	Manager or Managing Member is as follows: 12 AUG 13 PM I	2: 45	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:  SECIAL AND OF S FALLAHASSEE, FL	TATE ORID	
MGRM	Sharon G. Tarpley 233 SE Bella Strano Port St Lucie, FL 34984		
Member	Walter M. Tarpley 233 SE Bella Strano		
	Port St Lucie, FL 34984		
(Use attachment if necessary)			
	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr	ior	
REQUIRED SIGNATURE:	1		
Signature of a r	member or an authorized representative of a member.		
constitutes an affirmation I am aware that any false	ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)		
Sharon G	i Tarnley		

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)

Typed or printed name of signee