

11/8/12

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L12000142176**

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(((H12000267159 3)))



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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

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

Email Address: LisaPectore926@yahoo.com

**FLORIDA LIMITED LIABILITY CO.****Chicafab LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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**D. BRUCE**

NOV 09 2012

**EXAMINER**

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

H12000267159

ARTICLE I - Name

The name of the Limited Liability Company is: **Chicafab 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:

943 Lake Wyman Road

1199 SW 4th Avenue

Boca Raton, FL 33431

Boca Raton, FL 33432

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Lisa Pastore

Name

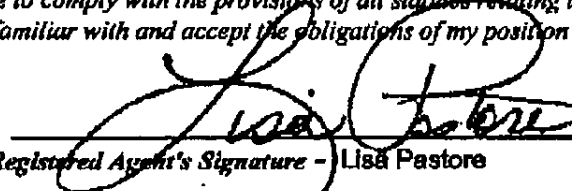
943 Lake Wyman Road

(P.O. Box or Mail Drop Box NOT Acceptable)

Boca Raton, FL 33431

(City / State / 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 - Lisa Pastore

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**ARTICLE IV - Manager(s) or Managing Member(s):**

H12000267159

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

**Title:**

**Name and Address:**

"MGR" = Manager

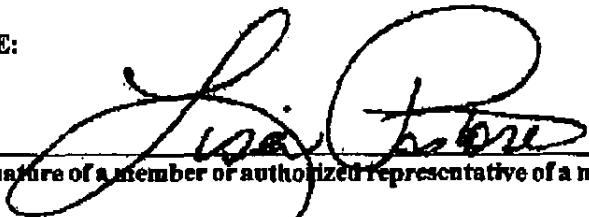
"MGRM" = Managing Member

MGRM

Lisa Pastore - 943 Lake Wyman Road, Boca Raton, FL 33431

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
Signature of a member or 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.)

Lisa Pastore

Typed or printed name of signer

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