

L1200014445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

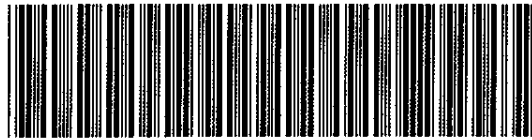
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Chip 1 Components LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Chip 1 Components LLC  
9601 Sunrise Lakes Blvd. 103  
Sunrise, FL 33322**

**Mailing Address:**

**Chip 1 Components LLC  
9601 Sunrise Lakes Blvd. 103  
Sunrise, FL 33322**

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

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

**Matthew Tamberino**

Name

**9601 Sunrise Lakes Blvd. 103**

Florida street address (P.O. Box NOT acceptable)

**Sunrise, FL 33322**

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)

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

Chip 1 Components LLC is to be a manager-managed company. The name and address the Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**1. MGRM**

**Michael Tamberino**

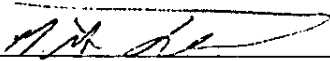
Chip 1 Components LLC

9601 Sunrise Lakes Blvd. 103

Sunrise, FL 33322

**ARTICLE V: Effective date: November 5, 2012.**

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

**Michael Tamberino**

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)**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Chip 1 Components LLC  
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:

**James J. Mangan, Esq.**  
Name of Person

**The Law Office of James J. Mangan**  
Firm/Company

**49 Geana Lane**  
Address

**Lowell, MA 01852**  
City/State and Zip Code

**jamesmangan@gmail.com**  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**James J. Mangan, Esq.** at **(646) 707-1996**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy  
☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy