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B. BOSTICK 0CT - **8** 2013

**EXAMINER** 

TO:

**Registration Section** Division of Corporations

Business Services, 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:

# Cynthia J Hill Name of Person CHILL Business Services, LLC Firm/Company 670 Island Way, #208 Address Clearwater, FL 33767 City/State and Zip Code brucin1@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: vnthia J. Hil Name of Person

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

(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 Communication

### 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 - Nan	ne:		
The name of the Li	mited Liability Company	is:	
CHILL Business Serv	<del></del>		<del></del>
(Mu	st end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		principal office of the Limited l	Liability Company is:
Principal Office A	ddress:	Mailing Address:	
CHILL Business Serv	ices, LLC	CHILL Business Services, LLC	;
670 Island Way #208		670 Island Way #208	
Clearwater, FL 33767		Clearwater, FL 33767	
The name and the F	lorida street address of th	e registered agent are:	
	Nai	ne	7A 20
	670 Island Way #208		FIL 2013 OCT -7 SECREINST TALLAHASS
	Florida street	address (P.O. Box <u>NOT</u> acceptable)	SS 1
	Clearwater	<sub>FL</sub> 33767	MO P TH
	•	State, and Zip	EE.FLURA
liability compan registered agent a all statutes relatii	y at the place designated i ind agree to act in this cap ng to the proper and comp	to accept service of process for the nothing this certificate, I hereby accepted acity. I further agree to comply selete performance of my duties, as registered agent as provided for	he above stated limited the appointment as with the provisions of nd I am familiar with
	Registered Agent's Sig	hature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Cynthia J. Hill
	670 Island Way #208
	Clearwater, FL 33767
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	388 1
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	O
(Use attachment if necessary)	OF STATE PEET LORID.
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