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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

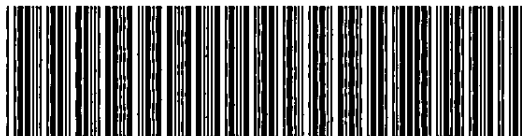
(Business Entity Name)

(Document Number)

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

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# WOTITZKY, WOTITZKY, ROSS & MCKINLEY, P.A.

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\*\* ALSO MEMBER OHIO BAR

LEO WOTITZKY (1912 - 2005)

FRANK WOTITZKY (1916 - 2013)

November 25, 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Chavi Realty "L.L.C."

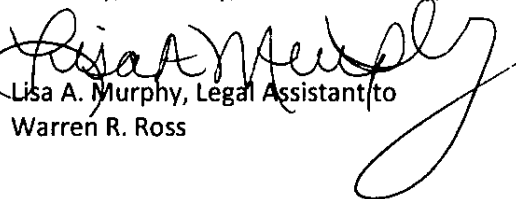
To Whom It May Concern:

Enclosed please find our Cover Letter, Articles of Organization for Florida Liability Company and our check in the amount of \$160.00 to cover the filing fee. I have also provided an additional copy for the Certified Copy along with a self-addressed stamped envelope.

Thank you for your attention to the foregoing. Should you need anything further to necessitate this request, please do not hesitate to contact me.

Very truly yours,

Wotitzky, Wotitzky, Ross & McKinley, P.A.

  
Lisa A. Murphy, Legal Assistant to  
Warren R. Ross

LAM/lm  
Enclosure(s)

ESTABLISHED 1940

PERSONAL INJURY • WRONGFUL DEATH • CIVIL LITIGATION • WAGE CLAIMS  
WILLS, TRUSTS & ESTATE PLANNING • PROBATE • CORPORATION & BUSINESS LAW • CONSTRUCTION LAW • ZONING, LAND USE & ADMINISTRATIVE LAW  
REAL ESTATE CLOSINGS • TITLE INSURANCE • REAL PROPERTY LAW • CONDOMINIUM & COMMUNITY ASSOCIATION LAW • DIVORCE, CUSTODY & FAMILY LAW

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Chavi Realty "L.L.C."  
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:

Warren R. Ross, Esquire

Name of Person

Wotitzky, Wotitzky, Ross & McKinley, P.A.

Firm/Company

223 Taylor Street

Address

Punta Gorda, Florida 33950

City/State and Zip Code

warren.ross@wotitzkylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Warren R. Ross

Name of Person

at ( 941 )

Area Code

639-2171

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  
(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:

The name of the Limited Liability Company is:

Chavi Realty "L.L.C."

(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:

6260 Parmeron Lane  
Sarasota, Florida 34231

Mailing Address:

6260 Parmeron Lane  
Sarasota, Florida 34231

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Warren R. Ross, Esquire

Name

223 Taylor Street

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

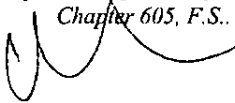
Punta Gorda

FL 33950

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR" (Pres)

"MGR"

(VP)

**Name and Address:**

Jonathan Chaviano

6260 Parmeron Lane

Sarasota, Florida 34231

Renee Nicole Chaviano

6260 Parmeron Lane

Sarasota, Florida 34231

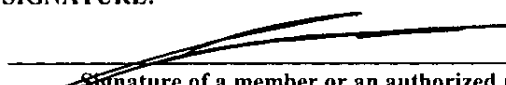
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1/1/15 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

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

(In accordance with section 605.0203 (1) (b), 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.)

Jonathan Chaviano

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)

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