L15000009175

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Chrscile II a Advised to runner aff. Date			

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TO:	Registration Division of C			
SUBJI	ECT: <u>Chillie's</u>	Custom Colors Name of Lin	nited Liability Company	
		of Organization and fee(s) as	_	
Please		spondence concerning this m	atter to the following:	
	<u>Chris Cile</u>	<u> </u>	Name of Person	
	<u>Chillie's C</u>	Custom Colors	Firm/Company	
	<u>8330 Cur</u>	rency Drive, Bay 2	Address	
	<u>Ríviera B</u>	each, FL 33404 C	City/State and Zip Code	
<u>re</u>	muscle@att.n	E-mail address: (to be use	d for future annual report notif	ication)
For fur	ther information	n concerning this matter, plea	ase call:	
<u>Chris</u>	Cilella Nam	at (!	561) <u>294-5633</u> Area Code Daytime T	Celephone Number
Enclos	ed is a check fo	r the following amount:		
□ \$125.0	0 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

		≠	
ARTI	CLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:			
The name of the Limited	d Liability Company is:		
		in the second se	
Chillie's Custom Colo		ted Liability Company, "L.L.C.," or "LLC.")	
		ical Elability Company, E.E.C., of EEC.)	
ARTICLE II - Addres The mailing address and		al office of the Limited Liability Company is:	
Principal Office Addre	•	Mailing Address:	
<u></u>			
8330 Currency Drive Bay 2		8330 Currency Drive Suite 5	
Riviera Beach, FL 33	404	Riviera Beach, FL 33404	
(The Limited Liability (re, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.)	
The name and the Florid	da street address of the registe	red agent are:	
	Chris Cilella		
		nme	
8330 Currency Drive, Bay 2 Florida street address (P.O. Box NOT acceptable)			
	Riviera Beach	FL 33404	
	City	Zip	
the place designated capacity. I further ag	l in this certificate, I hereby ac ree to comply with the provision m familiar with and accept the	t service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this ons of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in hapter 605, F.S	

(CONTINUED)

Page 1 of 2

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager MGR	Chris Cilella
		13175 44th Place North
		Royal Palm Beach, FL 33411
	MGR	Vincent DeVito
		1009 South Palm Way
		Lake Worth, FL 33460
	(Use attachment if necessary)	
ARTIC	CLE V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
If an he da	effective date is listed, the date must be spite of filing.)	ecific and cannot be more than five business days prior to or 90 days after
ARTIC	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	
		Ville
	Signature of a me	ember or an authorized representative of a member,
	(In accordance with section 60 constitutes an affirmation unde	05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
	I am aware that any false infor	mation submitted in a document to the Department of State
	constitutes a third degree felon	ny as provided for in s.817.155, F.S.)

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certificate of Status (C.)
\$ 5.00 Certificate of Status (C.)

\$ 5.00 Certificate of Status (Optional)

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