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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Chambered Round, 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:

Terrance Christopher Fallahee
Name of Person
Firm/Company
1984 Radeliffe Drive North
Address
Clearwater FL 33763
City/State and Zip Code
TFALLAHE & GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrance C. Fallahee at (727) 422-4154

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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	15 JUL 29 Aif 8: 26
Chambered Round, (Must end with the words "Limited Liability Compa	LLC SECRETARY IL STEEL
(Must end with the words "Limited Liability Compa	any, "L.L.C.," OF MALONISEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address:	Mailing Address:
1984 Radcliffe Drive N. Clearwater, FL 33763	1984 Radeliffe Drive N. Clearwater, FL 33763
ARTICLE III - Registered Agent, Registered Office, & Registered Agent, The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Courtland Title S Name 2189 Cleveland St Florida street address (P.O. Box NO)	Services, Inc.
2189 Cleveland St	- Suite 211
Florida street address (P.O. Box NO)	[acceptable]
Clearwater FL	33765
City State	Zip
Having been named as registered agent and to accept service of process for place designated in this certificate, I hereby accept the appointment as regist further agree to comply with the provisions of all statutes relating to the project am familiar with and accept the obligations of my position as registered age	tered agent and agree to act in this capacity. I ver and complete performance of my duties, and l
<i>\\</i>	
Registered Agent's Sign Debby L. Evans,	nature (REQUIRED) President
(CONTINUE)	
Page 1 of 2	

<u>Title:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager MGR R	Terrance Christopher Fallahee 1984 Radcliffe Dr. N. Clearwater, FL 33763
	1984 Rad cliffe Dr. N.
	<u>Clearwater</u> , FL 33763
•	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
filing.) he date inserted in this block does not ent's effective date on the Departmen	te of filing:
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)