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(Re	equestor's Name)	
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TSECRETARY OF STATE

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COVER LETTER

	Registration Section Division of Corporations	
SURIFC	Hudson Chase LLC	
SUBSEC	Name of L	imited Liability Company
The enclo	osed Articles of Organization and fee(s) a	are submitted for filing.
Please ret	turn all correspondence concerning this r	matter to the following:
	Michelle Silverman	
		Name of Person
		Firm/Company
	1901 John F Kennedy Blvd #2521	PHID Company
		Address
	Philadelphia, PA 19103	
	hudsonchase501@gmail.com	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For further	information concerning this matter, plea	ase call:
		561 901-2501
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$\frac{130.00}{\text{Filing Fee & Certificate of Status}}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

A	R	T	C	LE		_	Na	m	e:
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The name of the Limited Liability Company is:

Hudson Chase LLC

(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:

Boynton Beach

City

7329 Estrella Court Boca Raton, FL 33433		7329 Estrella Court Boca Raton, FL 33433			
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own Registered	ed Agent's Signature: Agent. You must designate an individ	lual or		
The name and the Florida street ad	dress of the registered agent are:		SEC	တ်	
	Michelle Hofkin, Esq.	_	CRETARY LAHASSE	AUG	COMPANY.
	Name		SS.	20	PERES.
	2500 Quantum Lakes Drive, Sui	te 203		30	1
	Florida street address (P.O. Box	NOT acceptable)	FLC	ည်း သ	Merosan M

Mailing Address:

33426

Zip

50

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.

(CONTINUED)

gistered Agent's Signature (REQUIRED)

Florida

State

Page 1 of 2

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Michelle Silverman
	7329 Estrella Court
	Boca Raton, FL 33433
MGR	Ryan Silverman
	7329 Estrella Court
	Boca Raton, FL 33433
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(Use attachment if necessary)	
IF 1/4 Effective data if athenthan the	
of filing.)	e specific and cannot be more than five business days prior to or 90 of ot meet the applicable statutory filing requirements, this date will not be
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV- '

\$ 5.00 Certificate of Status (Optional)