

L15000147954

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(City/State/Zip/Phone #)

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W/5-56562

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2015

LAURA L. MCINNES
817 SHIPWATCH DRIVE EAST
JACKSONVILLE, FL 32225

SUBJECT: CHARIS PROPERTIES LIMITED LIABILITY COMPANY
Ref. Number: W15000056562

We have received your document for CHARIS PROPERTIES LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 415A00017959

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charis Properties, 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:

Laura McInnes
Name of Person

Charis Properties, LLC
Firm/Company

817 Shipwatch Dr East
Address

Jacksonville, FL 32225
City/State and Zip Code

LL McInnes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura McInnes at (904) 874-5290
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: *Already Paid \$125

- ☐ \$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:

The name of the Limited Liability Company is:

Charis Properties 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:

817 Shipwreck Dr. East
JAX FL 32225
JACKSONVILLE, FL

Mailing Address:

817 Shipwreck Dr. E
JAX FL 32225
JACKSONVILLE, FL

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:

McInnes Spang & Hone, MANAGEMENT, LLC
Name

817 Shipwreck Dr. East
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE, FL 32225
City State 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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

LARA MCINNES
MGR

Name and Address:

817 Shavano Dr E
JPX FL 32225
JACKSONVILLE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LARA MCINNES

Typed or printed name of signer

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)