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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chesnut Beach Properties U.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:
Robert Whitehead Name of Person
Firm/Company
188 Golden GATE Point Address Unit 102
Sarasota Florida 34236 City/State and Zip Code Kouen, J. SILVER O Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karen T Silver (571) 233-6063 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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:			
	<u>nop</u>	ert L	ies LC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: 188 Golden GATEPT. Unit 102 S	<u>ar</u> a		-a
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.)		54è	136
The name and the Florida street address of the registered agent are:			
136 Goldan GATE Po	int	- U	n:+30
Florida street address (P.O. Box NOT acceptable) Source City State Zip	34	G F	.36
Having been named as registered agent and to accept service of process for the above stated limited liability composition of the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relating to the proper and complete performance of my diam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	oacity. I uties, and		e saye
Registered Agent's Signature (REQUÍRED) (CONTINUED) Page 1 of 2	SECRETARY OF TALLAHASSEE. FI	15 OCT 16 PM	APPHOVE AND A

Title:	ithorized Member	Name and Address:
"MGR" = Man		* TC
MGF		Maren J DINER
		136 Golden GATE Point Unit Scrasota Fl 34236
AMP	2K	Robert Whitehead + Unit
		500000 F1 34236
		-
		ate of filing: (OPTIONAL)
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