L16000015554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600279117536

01/15/16--01028--004 **125.00

16 JAN 15 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1/27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHUPCHIK 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:

YAEL BARLEV
Name of Person

CHUPCHIK LLC
Firm/Company

709 CAPE CORAL PKWY WEST
Address

CAPE CORAL, FL 33914
City/State and Zip Code

YAEL@GALILA.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE SWAN at (239) 540-2612
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

January 13, 2016

Registration Section

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Re: Chupchik LLC

Document Number L14000002161

16 JAN 15 PM 2:44

TALLAHASSEE, FLORIDA

Dear Department:

It has come to my attention that the annual report for 2015 was not filed timely and therefore my LLC was administratively dissolved.

At this time I would like for the department to release this document number L14000002161 for Chupchik LLC. I am the managing member of this LLC and am authorized to release this document number.

I am also enclosing new articles that I would request the department to file for me at this time.

Thanking you in advance for your help in getting these matters resolved.

Sincerely,

Yael Barlev

Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CHUPCHIK LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 JAN 15 PM 2:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
709 CAPE CORAL PKWY WEST	709 CAPE CORAL PKWY WEST
CAPE CORAL, FL 33914	CAPE CORAL, FL 33914

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:

LAWRENCE SWAN
Name

709 CAPE CORAL PKWY WEST
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL	FL	33914
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..

Lawrence Swan
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:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	YAEL BARLEV 13 HARTSIT ST KFAR VRADIM 25147 ISRAEL

16 JAN 15 PM 2:44

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/13/2016 . (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:

Yael Barlev

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.

YAEL BARLEV
Typed or printed name of signee

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)