# L1600039378

| (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



000282363390

02/19/16--01013--007 \*\*125.00



#### **COVER LETTER**

| TO:                | Registration Section Division of Corporations  (EUDH   |
|--------------------|--|
| SUBJE              | -Chilidh Onboard, LLC  |
|                    | Name of Limited Liability Company  |
| The end            | closed Articles of Organization and fee(s) are submitted for filing.   |
| Please r           | return all correspondence concerning this matter to the following:   |
|                    | Rod Collman  |
|                    | Name of Person   |
|                    | SDG Architecture   |
|                    | Firm/Company   |
|                    | 793 San Christopher Drive, Suite & 🙈   |
|                    | Address  |
|                    | Dunedin, FL 34698  |
|                    | City/State and Zip Code rcollman6449@gmail.com   |
|                    | E-mail address: (to be used for future annual report notification)   |
| For furthe         | er information concerning this matter, please call:  |
|                    | Rod Collman 813 299-3800   |
|                    | Name of Person Area Code Daytime Telephone Number  |
| Enclose            | d is a check for the following amount:   |
| ] <b>\$</b> 125.00 | Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|                    | Mailing Address  New Filing Section  Division of Corporations  Street Address  New Filing Section  Division of Corporations  |

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

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 CHILIDH ONBOARD, LLC.

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

867 Michele Cir.

Dunedin, Florida 34698

Mailing Address:

867 Michele Cir.

Dunedin, Florida 34698

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Rod Collman 793 San Christopher Drive Dunedin, Florida 34698

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 608, F.S..

Rod Collman

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

**MGMR** 

Rod Collman 867 Michele Cir.

Dunedin, FL 34698

**MGMR** 

Cynthia Gorshe Collman

867 Michele Cir. Dunedin, FL 34698

**ARTICLE V - EFFECTIVE DATE** 

The effective date of the company shall be upon filing.

**REQUIRED SIGNATURE:** 

gnature of a member or an authorized represe

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affinitation and the penalties of perjury that the facts stated herein are true.)

Rod Collman

Typed or printed name of signee