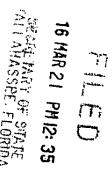
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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Name)	
	N	
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Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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Office Use Only

m 3/28

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Chop Chop Shop LLC		
505020		of Limited Liabil	ity Company
The encl	osed Articles of Organization and fe	e(s) are submitted	for filing.
Please re	turn all correspondence concerning	this matter to the	following:
	Steve Sera		•
		Name of	Person
	<del>-</del> -	Firm/Co	ompany
	6605 N. Florida Ave		
		Addı	ress
	Tampa, FL 33604		· .
	ChopChopShop1@gmail.com	City/State an	d Zip Code
		e used for future a	annual report notification)
For further	r information concerning this matter	, please call:	
	Steve Sera	813 at (	770-7306
	Name of Person	Area Code	Daytime Telephone Number
F1		4-	· · · -
	Filing Fee \$130.00 Filing Fe		00 Filing Fee & \$160.00 Filing Fee,
J	Certificate of Sta		ed Copy  al copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Chop Chop Sho				
(3.4.	p LLC			A
(Must	end with the words "Limited Li	ability Company	, "L.L.C.," or "LLC.")	13. S. 4.
RTICLE II - Address:				77 St.
e mailing address and str	eet address of the principal offic	e of the Limited	Liability Company is:	LORI
<u>Pri</u>	ncipal Office Address:		Mailing Address:	VOI July
6605 N. Florida	Ave	6605	N. Florida Ave	
Tampa, FL 3360	)4	Tam	pa, FL 33604	
ne Limited Liability Com other business entity with	l Agent, Registered Office, & l	Registered Agen	it's Signature: You must designate an individua	lor
he Limited Liability Com other business entity with	d Agent, Registered Office, & I pany cannot serve as its own Re h an active Florida registration.)	Registered Agen		lor
he Limited Liability Com other business entity with	d Agent, Registered Office, & I spany cannot serve as its own Re h an active Florida registration.) treet address of the registered ag	Registered Agen		lor
he Limited Liability Com other business entity with	d Agent, Registered Office, & I spany cannot serve as its own Re h an active Florida registration.) treet address of the registered ag	Registered Agent Sgistered Agent Agent Sgister		lor
he Limited Liability Com other business entity with	A Agent, Registered Office, & I spany cannot serve as its own Re h an active Florida registration.)  treet address of the registered ag  Steve Sera	Registered Agent Sistered Sistere	You must designate an individua	l or
he Limited Liability Com other business entity with	A Agent, Registered Office, & I apany cannot serve as its own Rest an active Florida registration.)  Attract address of the registered ag  Steve Sera  N  2221 E. 5th Ave	Registered Agent Sistered Sistere	You must designate an individua	lor

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Manager  AMBR  Steve Sera  2221 E 5th Ave  Tampa, FL 33605  ABR  (Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day tee of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  (CLE 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.	"MGR" = Manage		
AMBR  Steve Sera  2221 E 5th Ave  Tampa, FL 33605  OKA SEPA  2721 E 5TM AUE  TAMPA, FL 375605  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:			Steve Sera
(Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:			Tampa, FL 33605
(Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:	MGR		
(Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:			TAMPA, FL 33605
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