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Special Instructions to I	Filing Officer.	
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Office Use Only

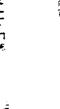


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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Chet Bardones 22 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:				
Chet Bridges Name of Person				
Chet Bridges LLC Firm/Company				
4276 Ben Bluch				
Tallahassee F1a 32303 City/State and Zip Code S. A.M. C.				
mail address: (to be used for future annual report notification)				
For turther information concerning this matter, please call:				
Chet Bridges at (850) 728-8658 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Chet Barelges (Must end with the words "Limited Ziability Cor	2.2
(Must end with the words "Limited Ziability Cor	npany, "L.L.C., or "LLC.)
The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
	_

C/2/6Ben Blud TALLAMSSER FIN 32303	SAME
TALLAHUSSER FIN 32303	

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 Fiorida street address of the registered agent are:

Chet Bridges

Name

4216 Ben Blueb

Florida street address (P.O. Box NOT acceptable)

Tallahissee Fla 32303

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 reasoned 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 603, F.S.

Registered Agent's Signature (REQUIR

(CONTINUED)

Page 1 of 2

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	The name and address of each person aut	horized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Chet Bridges
٠,		17/16 Ben Blod Trahathrus
	(Use attachment if necessary)	
(If an e the dat <u>Note:</u>	effective date is listed, the date must be spo e of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTIC	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	Button States
	This document is execut I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
•		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)