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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENNETH BERNARD GRIEGER Name of Person
Firm/Company
784 MADERIA CIRCLE
TALLAHASTEE FL 32312 KENNY G 1208 @ JUWO.com mail audies:: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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 CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	,
CHFF. FAT LLC	
(Must end with the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
- 284 MADERIA CIRCLE	15
(all ahusser FL 323)	
The name and the Florida street address of the registered agent are:	•
(The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered egent are:	Agent. You must designate an individual or .
VENNETH B. Name	GRIEGER
Florida street address (P.O. Box	NOT acceptable)
- TALL AMASJEE FL	37312
City State	Zip
laving bean named as registered agent and to accept service of proces tace designated in this certificate. I hereby accept the appointment as wither agrae to comply with the provisions of all statutes relating to th m familiar with and welf the obligations of my position as registere	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and
- Kang	<u> </u>
Registered Agent	s Signature (REQUIRED)
(CONT)	NUED)

Page 1 of 2

16 MUS 15 PH 4: 31

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGP	VENNETH B. GRIEGER 884 MADERIA CIRCLE TALLAHASTEE FL 32312
AMBR	WESLEY THOMAS 3705 BENTLEY DR TALLAHASSEE F. 32303
AMBR	ANTHONY JONES 1415 GLENDY DE TALLAHASTE FL 32304
Tective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ceific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) If the date inserted in this block does not mument's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will no
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CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) If the date inserted in this block does not measure the seffective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a measure that any false	eific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records. State's records. The prior of an authorized representative of a member and in accordance with section 605.0203 (1) (b), Florida Statutes, information symmitted in a document to the Department of Statutes.