Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (800)345-4647 : (800) 432-3622 Fax Number

annual report mailings. Enter only one email address please.** **Enter the email address for this business entity to be used for future

Email Address:

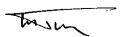
FLORIDA LIMITED LIABILITY CO. CHESTNUT HILL HOLDINGS, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Chestnut Hill Holdings, 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:

Penny Jackson Farr

Name of Person

Morris Manning & Martin LLP

Firm/Company

3343 Peachtree Rd NE Ste 1600

Address

Atlanta, GA 30326

City/State and Zip Code

chnuts@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny Farr

t(404

233-7000

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

机能接触管

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Chestnut Hill Holdings, LLC

(Must and with the words "Limited Liability Company, "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:
15105 NW 94 Ave	
Alachua FL 32815	

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:

Robert D. Walla	c o	,
	Name	
15105 NW 94 A	ve	
Florida street addres	s (P.O. Box NOT	acceptable)
Alachua	FL	32815
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability complaity 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		19,12 1
"MGR" = Manager	Robert D. Wallace	San
AMBR	15105 NW 94 Ave	* ************************************
•	Alachus FL 32615	
		
AMBP	Debbi Gaw	·
	15105 NW 94 Ave	
	Alachua FL 32615	
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