

L16000176113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

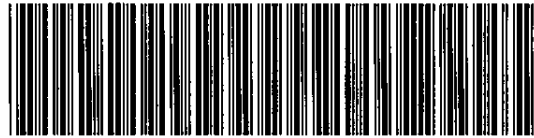
(Business Entity Name)

(Document Number)

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T HENDERSON

SEP 21 2016

FILED  
46 SEP 14 AM 8:39  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CHAU FAMILY HOLDINGS II, 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:

TRUC T. NGUYEN

Name of Person

CAHU FAMILY HOLDINGS II, LLC

Firm/Company

1287 N. SERMORAN BLVD. SUITE 200

Address

ORLANDO, FL 32807

City/State and Zip Code

DRCHAU54@YAHOO.COM

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

For further information concerning this matter, please call:

TRUC T. NGUYEN

407

733-1301

at ( )

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)

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\$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

## ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

### ARTICLE I – Name

The name of the Limited Liability Company is: **Chau Family Holdings II, LLC**

### ARTICLE II – Address

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

**1287 Semoran Blvd, Suite 200  
Orlando, FL 32807**

### ARTICLE III – Duration

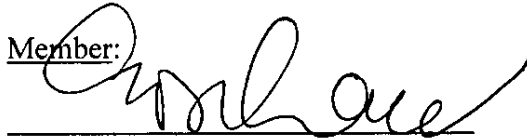
The period of duration for the Limited Liability Company shall be perpetual.

### ARTICLE IV – Management

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company. **Truc T. Nguyen** whose address is 1287 N. Semoran Blvd., Suite 200, Orlando, FL 32807 shall serve as Manager.

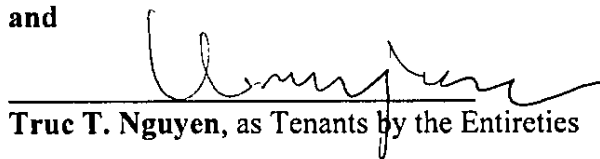
(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Member:



**Son Lam Chau**

and



**Truc T. Nguyen, as Tenants by the Entireties**

16 SEP 14 AM 8:39  
ST. JOHNS COUNTY  
PAID  
2014

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Chau Family Holdings II, LLC**
2. The name and the Florida street address of the registered agent are:

**Truc T. Nguyen  
1287 Semoran Blvd., Suite 200  
Orlando, FL 32807**

*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 provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
**Truc. T. Nguyen, Registered Agent**

16 SEP 14 AM 8:39  
STATE OF FLORIDA  
TALLAHASSEE