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Jennifer Sily Heslin Attorney at Law Phone: (954) 985-4145 Fax: (954) 985-4176 jsily@bplegal.com

1 East Broward Blvd., Suite 1800 Ft. Lauderdale, FL 33301

September 27, 2016

Via Federal Express

Ms. Gina Mcloud Florida Division of Corporations

Re:

CHALP INVESTOR, LLC

Client/Matter No. E22462/378893

Dear Gina:

Per our telephone conversation on Monday, September 26, 2016, attached is our Firm check in the amount of \$55.00 to have the above mentioned company correctly registered as an LLC, keeping the original filing date.

Please call with any questions or concerns, my direct line 954-985-4145.

Very truly yours,

Jennifer Sily Heslin Attorney at Law

ACTIVE: 8993854_1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
CHALP INVESTOR, LLC				
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	ncipal office of the Limited Liabi	lity Co	ompa	ıny is:
Principal Office Address:	Mailing Address:			
31 SE 5 STREET	31 SE STREET			
UNIT 2706	UNIT 2706			
MIAMI, FL 33131	MIAMI, FL 33131			
The name and the Florida street address of the re	egistered agent are:		古靈	a for Lower
Name			Ξ	1+A5D
] 164 . ju	***	- Sandre
31 SE 5 STREET, UNIT 2706			PH	
Florida street address (P.O.	Box NOT acceptable)	57 27	€: <u>55</u>)	Townson of the second
MIAMI	FL 33131	3>	3	
City	Zip			
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg Registered Agent's Sign	this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I am istered agent as provided for in Cl	e appoi the pro famili	intme ovisio ar w	ent as ons of all ith and

Page 1 of 2

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	PATRICIA CHALBAUD 31 SE 5 STREET, UNIT 2706 MIAMI, FL 33131	
MGR	RICARDO NUNEZ 31 SE 5 STREET, UNIT 2706 MIAMI, FL 33131	16 17 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(If an effective date is listed, the date must to or 90 days after the date of filing.)		siness days prior
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a mem	ber.
This document is executed in a I am aware that any false information constitutes a third degree felony.	necordance with section 605.0203 (1) (b), Florida Statute nation submitted in a document to the Department of Staty as provided for in s.817.155, F.S. cardo Nunez /ped or printed name of signee	S.
1 y	ped of printed hame 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)

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