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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : HUBCO
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Phone : (516) 935-3940
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: charlesm@cpamassie.com

FLORIDA LIMITED LIABILITY CO.

Chason of SW FL, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Chason of SW FL, LLC

ARTICLE II - Address

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

610 Center Road
Fort Myers, Florida 33907

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature

The name and Florida street address of the registered agent are.

Charles Abels Massie

Name

15671 San Carlos Blvd., Suite 201

(P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33908

(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 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 - Charles Abels Massie

ARTICLE IV -

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

AMBR

Andre G. Chambre Revocable Trust

P. O. Box 62296

Fort Myers, FL 33906

AMBR

Paul Chambre Revocable Trust

P. O. Box 62296

Fort Myers, FL 33906

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ARTICLE V Effective date, if other than the date of filing: _____
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to
or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or authorized representative of a member

(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. I am aware that any false information submitted in a document to
the Department of State constitutes a third degree felony as provided for in s.817.155, F. S.)

Andre G Chambre
Typed or printed name of signee

17 MAR - 3 4:06:34
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

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