

L11000229690

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N CULLIGAN

NOV 7 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHAMBERS LEGACY 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:

WAUNELLE JACKSON-IAN

Name of Person

CHAMBERS LEGACY LLC

Firm/Company

1926 LANDFALL PASS NW

Address

KENNESAW, GA 30152

City/State and Zip Code

TDOCWJI@ATT.NET

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

For further information concerning this matter, please call:

WAUNELLE JACKSON-IAN 678 230-6188
Name of Person at 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

CHAMBERS LEGACY, LLC

(Must contain the words "Limited Liability Company" 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:

3105 FLETCHER AVENUE UNIT 300

SAMI

BERNARDINA BLANCH 11-1034

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot operate without a Registered Agent. A Registered Agent is an individual or a business entity with an active Florida registration

the name and the Florida street address of the Registered Agent are

JUSTIN MCALPIN

155 CROSS POINT WAY

Florida street address (Post Box NOT acceptable)

SEASIDE

City

State

Zip

Having been named as the Registered Agent, I hereby agree to accept the designation and to act as the Registered Agent for the Limited Liability Company designated in this document. I agree to accept the designation and to act as the Registered Agent for the Limited Liability Company designated in this document. I agree to accept the designation and to act as the Registered Agent for the Limited Liability Company designated in this document.



(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 NOV - 6 PM 12:32

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAMBERS LEGACY LLC

(Must contain 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:

3150 S. FLETCHER AVENUE, UNIT 302
FERNANDINA BEACH, FL 32034

SAME

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:

JUSTIN McCAHILL

Name

1887 CROSS POINTE WAY

Florida street address (P.O. Box **NOT** acceptable)

ST. AUGUSTINE

FL

32092

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 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)

17 NOV-6-PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

BRAD McCAHILL

1926 LANDFALL PASS NW

KENNESAW, GA 30152

MGR

WAUNELLE JACKSON-IAN

1926 LANDFALL PASS NW

KENNESAW, GA 30152

(Use attachment if necessary)

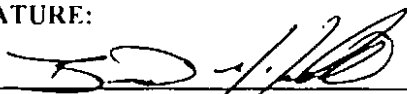
ARTICLE V: Effective date, if other than the date of filing: November 15, 2017 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

BRAD McCAHILL

Typed or printed name 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)

17 NOV - 6 PM 12: 32
SECRETARY OF STATE
FLORIDA