U80000992

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			





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COVER LETTER

	New Filing Section Division of Corporations			
eun ira	J. Stanley Chapman, LLC			
SUBJEC	TT:Name	e of Limited Lia	bility Company	
The encl	osed Articles of Organization and fo	ee(s) are submitt	ted for filing.	
Please re	eturn all correspondence concerning	this matter to th	e following:	
	J. Stanley Chapman			
		Name	of Person	
	Fixel & Willis			
	Firm/Company			
	211 South Gadsden Street			
	Address			
	Tallahassee, FL 32301			
	schapman@fixelwillis.com	City/State	and Zip Code	
		be used for futur	re annual report notification)	
or furthe	r information concerning this matte	r, please call:		
	Stan Chapman	850 _at (681-1800	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	d is a check for the following amour	nt:		
	Filing Fee \$130.00 Filing F Certificate of St	ee & S15	\$160.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address New Filing Section	
	New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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:	
J. Stanley Chapman, LLC	·
(Must contain the words "Limited Liabi	lity 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:
211 S. Gadsden St.	1484 Mitchell Ave.
Tallahassee, FL 32301	Tallahassee, FL 32303
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regi mother business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
J. Stanley Chapman	
Nai	me
211 S. Gadsden St.	
Florida street address (P. C	D. Box NOT accentable)

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.

FL State

Tallahassee

City

Registered Agent's Signature (REQUIRED)

32301

Zip

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address;		
"AMBR" = Authorized Member "MGR" = Manager MGRM	J. Stanley Chapman 1484 Mitchell Ave. Tallahassee, FL 32303		
(Use attachment if necessary)			
f an effective date is listed, the date must be spore date of filing.)	of filing: January 1, 2018 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as		
RTICLE VI: Other provisions, if any.	of state \$ fections.		
REOUIRED SIGNATURE:			
This document is execut	ember or an authorized representative of a member. sed in accordance with section 605.0203 (1) (b). Florida Statutes. set information submitted in a document to the Department of State		

constitutes a third degree felony as provided for in s.817.155. F.S.

J. Stanley Chapman

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)