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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Chainsaw''s Corner LLC</u> Name of L	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Leda Kaye Posey	Name of Person	<del> </del>
	Chainsaw's Corner LLC	Firm/Company	···-
	1173 Hwy 171	Address	
	Graceville, FL 32440		
ما	dak.hatladee@gmail.com	City/State and Zip Code	
	E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
<u>Leda l</u>	Name of Person at (		lephone Number
Enclose	ed is a check for the following amount:		
<b>☑ \$</b> 125.0	0 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Chainsaw's Corner_LLC		_
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1173 Hwy 171	1173 Hwy 171	
Graceville, FL 32440	Graceville, FL 32440	•
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a Leda Kaye Posey	.)	FILE
Name	i.	PR 3: 1
1173 Hwy 171	Ţ	ين الاح
Florida street address (P.O. Box	NOT acceptable)	RA -
Graceville	FL 32440	**
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.  Chapte	the appointment as registered agent and agree to f all statutes relating to the proper and complete	o act in this performance

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMRD" = Authorized Member	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Leda Kaye Posey
	1173 Hwy 171
	Graceville, FL 32440
	<del></del>
(Use attachment if necessary)  EV: Effective date, if other than the date ective date is listed, the date must be sport filling.)	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date extive date is listed, the date must be spif filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affir	ember or an authorized representative of a member.  STATE OF STATE
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member.  Similar the penalties of perjury that the facts stated herein are triffs.  The penalties of perjury that the facts stated herein are triffs.  The penalties of perjury that the facts stated herein are triffs.  The penalties of perjury that the facts stated herein are triffs.
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E V: Effective date, if other than the date extive date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felomatical least sayed poses.	ember or an authorized representative of a member.  SEECRETARY  Ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are trues mation submitted in a document to the Department of States are provided for in s.817.155, F.S.)

Chainsaw"s Corner LLC 1173 Hwy 171 Graceville, FL

## INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Chainsaw"s Corner LLC:

Leda Kaye Posey 1173 Hwy 171

Graceville, FL 32440

Jula Kaye Posey, Organizer