L19000030065

(Requestor's Name)
(Address)
(Address)
(riss/icsc)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document values)
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01/30/19--01022--038 **130.00



COVER LETTER **

TO:	Registration Division of C			
SUBJI	ECT: <u>Cham F</u>	lome Improvement LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please	return all corres	pondence concerning this m	atter to the following:	
	Muhamm	ed Cham	Name of Person	
	Cham Ho	me Improvement LLC	Firm/Company	
	<u>3001 58tl</u>	n Ave South # 210	Address	<u> </u>
	Saint Pet	ersburg, FL 33712	City/State and Zip Code	
m	<u>uhammedtoub</u>	agas@gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For fu	ther information	concerning this matter, plea	ase call:	
<u>Muha</u>	mmed Cham Nam	e of Person	727 276-2° Area Code Daytime Te	2 S 2 Jephone Number
Enclos	ed is a check for	the following amount:		
☑ \$125.0	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
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration 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:		
Cham Home Improvement 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 offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3001 58th Ave South # 210 Saint Petersburg, FL 33712	3001 58th Ave South # 210 Saint Petersburg, FL 33712	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individua	l or
The name and the Florida street address of the registered a	gent are:	_
Muhammed Cham	ALLO	5
Name	CRETAR LAMASS	
3001 58th Ave South # 210	SSI	ś F
Florida street address (P.O. Box]	NOT acceptable)	: m
Saint Petersburg	FL 33712	e 🗀
City	Zip RA	<u>پ</u>
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter. Registered Agent's Signature.	the appointment as registered agent and agree to act of all statutes relating to the proper and complete per gations of my position as registered agent as provider 605, F.S	ct in this rformance

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Muhammed Cham
	3001 58th Ave South # 210
	Saint Petersburg, FL 33712
(Use attachment if necessary)	(OWEIONIAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be sp	e of filing:
CLE V: Effective date, if other than the date	
CLE V: Effective date, if other than the date effective date is listed, the date must be spate of filing.) CLE VI: Other provisions, if any.	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	ecific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 6) constitutes an affirmation und I am aware that any false information.	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)