## <u>1900105078</u>

(Re	equestor's Name)	
(Ãd	idress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

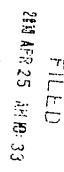


500328153475

04/25/19--01008--015 \*\*130.00

19 APR 25 PH R: 17

APR 2 5 2019 C KINSE)



## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Chad's Home Inprovement Construction LIC 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:
Chad Beacher Name of Person
Name of Person
8905 Hickory Woods Trail
Chal Beacha Construction @ 6mail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chadbeacher at (850) 459-7776  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    \$25.00 Filing Fee
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:				
Cha	Lie Home lavarous	met Co	newation 1	J.C.	
(Must cor	ds Home Improve	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:		
<u>Princi</u>	pal Office Address:		Mailing Add	lress:	
8905 H Tallchasse	ickury Woods Tr		8905 Hickory	WodsTr 32312	
ARTICLE III - Registered As (The Limited Liability Compar another business entity with an	y cannot serve as its own Reg	egistered Agei istered Agent.	nt's Signature: You must designate an i	ndividual or	
The name and the Florida stree	t address of the registered age	nt are:			
	Chad Bean Na 8905 Hick Florida street address (P.	cher			
	Na	me			
	8905 Hick	lary Wo	iods Tv		
	Florida street address (P.	O. Bòx <u>NOT</u> a 	cceptable)		
	Tallahassec City	<u>_fi</u>	32312		
	City	State	Zip		
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the d	e, I hereby accept the appoints provisions of all statutes relative phligations of my position as re Registered	nent as register ng to the proper gistered agent Agent's Signa	ed agent and agree to ac rand complete performa as provided for in Chapt ture (REQUIRED)	t in this capacity. I nce of my duties, and I	2411 APR 25
	(C	ONTINUED)			_ <u>~</u> (
					AH 16: 33

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Chad Beacher 8905 Hickory Woods Tr Tallahassee (FL 32312
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does no	ate of filing:
ARTICLE V: Effective date, if other than the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days aft at meet the applicable statutory filing requirements, this date will not be listed
ARTICLE V: Effective date, if other than the date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days aft at meet the applicable statutory filing requirements, this date will not be listed
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days aft at meet the applicable statutory filing requirements, this date will not be listed int of State's records.

## 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)

ARTICLE IV-