

L19000305816

(Requestor's Name)

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PICK-UP WAIT MAIL

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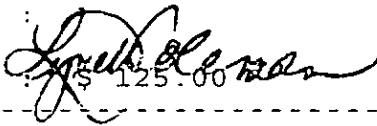
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 114062 8155761

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : December 24, 2019

ORDER TIME : 11:41 AM

ORDER NO. : 114062-020

CUSTOMER NO: 8155761

DOMESTIC FILING

NAME: CHISHOLM FINANCIAL LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

FILE 104

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Chisholm Financial 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:

Jeffrey A. Sherry, Esq.

Name of Person

McManimon Scotland & Baumann, LLC

Firm/Company

75 Livingston Avenue, Suite 2

Address

Roseland, New Jersey 07068

City/State and Zip Code

jsherry@msbnj.com

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

For further information concerning this matter, please call:

Jeffrey A. Sherry, Esq. 973 681-7229

Name of Person 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:

Chisholm Financial 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:

221 Ocean Grande Blvd., Apt. 805-6
Jupiter, Florida, 33477

221 Ocean Grande Blvd., Apt. 805-6
Jupiter, Florida, 33477

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:

Thomas J. Chisholm
Name

221 Ocean Grande Blvd., Apt. 805-6
Florida street address (P.O. Box **NOT** acceptable)

Jupiter Florida 33477
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Chisholm Financial LLC

By 

Registered Agent's Signature (REQUIRED)

Thomas J. Chisholm

(CONTINUED)

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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

AMBR

Name and Address:

Thomas J. Chisholm

221 Ocean Grande Blvd., Apt. 805-6

Jupiter, Florida, 33477

AMBR

Sharon Chisholm

221 Ocean Grande Blvd., Apt. 805-6

Jupiter, Florida, 33477

AMBR

Keri Gmiterek

559 Chestnut Street

Wyckoff, New Jersey 07481

AMBR

Michael Gmiterek

559 Chestnut Street

Wyckoff, New Jersey 07481

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Thomas J. Chisholm

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)