L20000065935

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

Office Use Only



500340189325

02/10/20--01013--024 **160.00

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Chen Ca 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:	
Desviee Vega	
Name of Berson	
Firm/Company	
2434 Bellarosa Cir	
Address	
Royal Palm Beach FL 33 msgtdvega @gmail. com	3411
msatdvega Damai. Com	· · · · · · · · · · · · · · · · · · ·
E-mail address: to be used for fature annual report notification)	
For further information concerning this matter, please call:	
Desiree Voga at (703) 785-9304	1.
Name of Person Area Code Daytime Telephone Number	:r
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	160.00 Filing Fee, tificate of Status & ified Copy ional copy is enclosed)
	S 23

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

2020 FEB 10 AM 9: 42
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	_
The hame of the Elimited Elaothty Company is.	
Chenga LLC	
(Must conatin 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:
2434 Bellarosa Cir	2434 Bellarosa Cir
Royal Palm Blach FL	Ruyal Palm Beach FL 33411
33411	

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:

illusida associadada (B.O. Bay NOT associada)

Pun Polm Roado El 2311

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 FEB 10 AM 9: 42

Title:	Name and Address:
"AMBR" = Authorized Memb "MGR" = Manager	er ,
AMBR	Desure A Vena
	ROYAL PALM BLACK EL 334 []
	Address Francis Dence Co Box (1)
AMBR	Michael Cherry.
	2434 BUILDION CON BURNEY 32411
	TOGETHAM, SCHOOL, 12 SOTT
	
(11- marsh are 28 are an an	
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL)
effective date is listed, the date r se of filing.)	nust be specific and cannot be more than five business days prior to or 90 days
	does not meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the D	epartment of State's records.
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	
CLE VI: Other provisions, if any.	ſ
REQUIRED SIGNATURE:	train Allan
REQUIRED SIGNATURE:	Asirá A Verg
REQUIRED SIGNATURE:	re of a member or an authorized representative of a member.
REQUIRED SIGNATURE: Signatu This documer I am aware the	ire of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State
Signatu This documer I am aware tha	are of a member or an authorized representative of a member. In is executed in accordance with section 603.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signatu This documer I am aware the	ire of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is a tany false information submitted in a document to the Department of State

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)