Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000205484 3)))



H200002054843ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. **CHP GROUP LLC**

G vic et e Status	1
Certificate of Status	
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 JUL -1 PH 4: 54

13.

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·	,	
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words Limited Liability Company)	Оотрану,	
CHP GROUP LLC		
ARTICLE II Address: The mailing address and street address of the principal office of the Limited Li Company is: 4861 NW 83rd Path Doral To 33166	ability	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another busing with an active Florida registration.) JESUS ANHONIO PITA Cabral 4901 NW 8310 Path Doicl to 33166	- CC - C	
ARTICLE IV- The name and title of each person authorized to manage and control the Limit Liability Company: [AMBR] 4861 NW 8310 Path Dorch TL 33166	ted	75
CHRISTIAN PITA CABRAT CAMBR) 4861NW 83 rce Path Doral Fr 33166	•	

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)