L20000204089

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

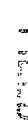
Office Use Only



400346778114

96/30/20--01003--014 *∗160.00





COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Chasen	1 Enterpris	es LLC
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Rickey	Haw Kins	
,	Name of Person	
	Firm/Company	
1351 NIN 10	359S+#318	/
	Address	
Miami F1.	33147	
<u> </u>	33147 City/State and Zip Code **PO CK-C+mail ed for future annual report notifical	. LOM
For further information concerning this matter, plea	use call:	
INA ILLISON and	786, 847-9	669
Name of Person	Area Code Daytime Telephor	ne 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)	X\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	\mathbf{T}	IC	L	Æ	I	_	1	a	me	٠:

The name of the Limited Liability Company is:

Chosen 1 Enterprises 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1351 NILL 103 GST #318	1351 NW 103rd + 1 318
Miami FI. 33147	Miami Fi. 33147

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:

INA MISON

Name

1351 NW 103 rd H 318

Florida street address (P.O. Box NOT acceptable)

Miami Florida 33147

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.,

legistered Agent's Signature (REQUIRED)

(CONTINUED)

2020 JUN 30 PM 4: 14

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager AMBR	Rickey Hawkins 135 Nw 1030 07 # 318 mam =1 33147
AMBR	111/0 Kli/SOM 1351 NW 1031 St # 318 Miami II: 33147
(Use attachment if necessary)	
(If an effective date is listed, the date is the date of filing.)	an the date of filing: D4/24/2020. (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ms. Athlow
This document I am aware th	are of a member or adjauthorized representative of a member. In 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 hird degree felony as provided for in s.817.155, F.S.
	Tiva luikson 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)