

L20000394494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800354118858

10/27/20--01002--011 **78.75

12/28/20--01002--002 **51.25

20 DEC 21 PM 3:01
Filing Office, LLC

D O'KEEFE

DEC 23 2020

W2-12884



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

WILLIAM S. CHEWING
1300 WASHINGTON #192384
MIAMI BEACH, FL 33119

SUBJECT: CHEWING ART LLC
Ref. Number: W20000138688

We have received your document for CHEWING ART LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for your LLC application is \$130.00. This office has only received \$78.75. Please submit \$51.25, the difference, to this office so that your LLC application can be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 620A00024506



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2020

WILLIAM S. CHEWNING
1300 WASHINGTON #192384
MIAMI BEACH, FL 33119

SUBJECT: CHEWNING ART LLC
Ref. Number: W20000128846

We have received your document for CHEWNING ART LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This office has received three different applications with the same entity name. The fees paid were for a profit corporation. Please review your forms and only submit the forms for the entity type you wish to file. Please contact this office if you should have any questions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 220A00022433

2020 NOV 19 PM 12:07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Chewing Art 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:

William S Chewing JR
Name of Person

Dryden AP
Firm/Company

1300 Washington #190384
Address

Miami Beach FL 33119
City/State and Zip Code

drydenrdllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Chewing at 786, 717 8692
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chewing Art 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:

100 Southlake #1007
Miami Beach FL 33139

Mailing Address:

1300 Washington #102384
Miami Beach FL 33139

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:

William S Chewing JR

Name

100 Southlake #1007

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

Miami Beach FL 33139

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 DEC 21 PM 3:01
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

William S Cheering
1300 Washington #140384
Miami Beach, FL 33179

MGR

Gregory Wampler
101 Lenox #102
Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Oct 30, 2020 (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 Statute.
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.17.155, F.S.

William S Cheering

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)

20 DEC 21 3:01