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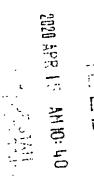
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

SUBJEC	T. Chisel Tech Ventures, LLC		
30131.0		of Limited Liability Company	-
The enclo	osed Articles of Organization and fee	e(s) are submitted for filing.	
Please ret	urn all correspondence concerning t	his matter to the following:	
	Bridget Jones		
		Name of Person	
	Chisel Technologies, LLC		
		Firm/Company	
	1951 NW 7th Ave., Suite 600		
		Address	<u> </u>
	Miami, FL 33136		
	bridget@chisteltechlab.com	City/State and Zip Code	
	E-mail address: (to be	e used for future annual report notification)	至 5
For further	information concerning this matter.	please call:	
	Bridget Jones	202 519-1861 at ()	_
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	:	
□\$125.0	0 Filing Fee ☐\$130.00 Filing I Certificate of Stat	us Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, e of Status & Copy copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Chisel Tech Ventures, LLC	
(Must contain the words "Limited Liab	ility 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:
Chisel Tech Ventures, LLC	Chisel Tech Ventures, LLC
1951 NW 7th Ave., Suite 600	1951 NW 7th Ave., Suite 600
Minmi EL 33136	Miami Fl 33136

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:

Bridget Jones		
	Name	
1951 NW 7th Ave.,	Suite 600	
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	cceptable)
Miami	171.	33136
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Membe	т	
"MGR" = Manager		
MGR	Bridget Jones	
	1951 NW 7th Ave., Suite 600 Miami, FL 33136	
	Mann. 11. 55150	
	<del></del>	
(Use attachment if necessary)		
·		
ARTICLE V: Effective date, if other than	n the date of filing: (OPTIONAL)	
	ust be specific and cannot be more than five business days prior to or 90 days	after
the date of filing.)		
	loes not meet the applicable statutory filing requirements, this date will not be list	sted as
the document's effective date on the De	partment of State's records.	
ARTICLE VI: Other provisions, if any.		
The LLC is being formed for the purpos	e of transacting any and all lawful business for which a limited liability	_
company may be organized under the FI	orida Revised Limited Liability Company Act.	_
		-
REQUIRED SIGNATURE:		
RECORED SIGNATURA.		
1.//10104	-	
Signatur	e of a member or an authorized representative of a member.	
This document	is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	any false information submitted in a document to the Department of State	
constitues a in	ird degree felony as provided for in s.817.155, F.S.	
Bridget	Jones 🔀	
<del></del>	Typed or printed name of signee	
	' ***** ! 19	
34 <b>2 -</b> 111 - 222 - 2	Filing Fees:	
	les of Organization and Designation of Registered Agent 1	
\$ 30.00 Certified Copy (Op	tional)	1:
\$ 5.00 Certificate of Status		
	J. S. C.	<u></u>
	$+\widetilde{z}$	