## L21000521928

(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:





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## **COVER LETTER**

Division of C	orporations							
SUBJECT: Chas	e Walseth LLC							
	(Name of Res	ulting	g Florida Limit	ed Comp	pany)	-		
			_		I fees are submitted to cordance with s. 605.10			her
Please return all corre	espondence concernin	g this	s matter to:					
Kim Justice								
Justice Bu	(Contact Person) isiness Advisors Inc							
2435 1st	(Firm/Company) Ave N							
S. D I	(Address)							
St Petersbu	org, FL 33713							
	City, State and Zip Code) daccountingbythebay.com							
E-mail Address: (to b	e used for future annual re	port n	otifications)					
For further information	on concerning this ma	tter.	picase call:					
Kim Justice	_		727		896-1042			
(Name of Conta		at (		)(Dave	ime Telephone Number)	-		
Enclosed is a check f			All checks p	•	ed by this office must b	e payab		JS 
S \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Cop		□\$185.00 Filing Fees. Certified Copy, and Certificate of Status		13 PH 2:07	
Mailing Add					Address:		7	
New Filing S					iling Section			
Division of C P.O. Box 632	•				on of Corporations entre of Tallahassee			
Tallahassee, I					N. Monroe Street, Suite	810		
i wiiminosee, t	2001,				assee. FL 32303			

**TO:** New Filing Section

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Chase Walseth LLC				
(Must contain the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6901 Burlington Ave N	6901 Burlington Ave N			
St Pete FL 33710	St Pete, FL 33710			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	Box NOT acceptable)			
Registered Agent's Sign	puture (REQUIRED)			

(CONTINUED)

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

AMBR" = Authorized Member MGR" = Manager					
MGR 	Chase Walseth				
	6901 Burlington Ave N				
	St Petersburg FL				
	33713				
<del></del>					
	<u></u>				
	;, <del>C</del>				
Use attachment if necessary)					
<b>E V:</b> Other provisions, if any.	,				
	*				
REQUIRED SIGNATURE:	(Max)				
1110					
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes, I am aware the				
any false information submitted in a doct	iment to the Department of State constitutes a third degree felo				
as provided for in s.817.155, F.S.					

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)