## Laa 0003a9387

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	filing Officer.	

Office Use Only



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S. CHATHAM

JUL 27 2022

HV.: i TALLAHAJŠEEJFLORIDA 2022 JUL 26 PM 3: 2

22 JUL 26 FHILL

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE use funds from ACCT: I2021000016 Authorization Signature:	0 AMOUNT: <u>\$125.00</u>
CH VESSEL LLC Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitXLimited LiabilityDomesticationOtherCORP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report  Fictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTIL ()	Other
<del>-</del>	/\s

EXAMINER'S INITIALS:\_\_\_\_\_

22 JUL 25 PHII: 40

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE use funds from ACCT: <u>120210000160</u> AMOUNT: <u>\$125.00</u> Authorization Signature: CH VESSEL LLC Document # Business Walk in \_\_\_ Pick up time\_\_\_\_ Will wait Mail out Photocopy Certified Copy Certificate of Status **NEW FILINGS AMMENDMENTS** Amendment Profit Resignation of R.A. Officer/Director Not for Profit X Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Merger Other \_\_ CORP Conversion REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report \_Limited Partnership Reinstatement Fictitious Name Other \_\_\_ APOSTIL ( )

FLORIDA CAPITAL COURIER SERVICES, INC.

EXAMINER'S INITIALS:\_\_\_\_

## **COVER LETTER**

	Filing Sectio on of Corpo						
SUBJECT:	H Vessel LL	.c					
SUBJECT: _		Name	of Limit	ted Liabili	ty Company	<del></del>	
The enclosed A	Articles of Or	ganization and fe	e(s) are s	submitted	for filing.		
Please return a	ll correspond	ence concerning	his matt	er to the fo	ollowing:		
Sai	ndra Z. Greet	n					
				Name of	Person		
Jor	athan H. Gr	een & Associates,	P.A.				
				Firm/Co	npany		
90	l Ponce de L	eon Blvd. Suite 6	01				
		<u>.</u> , <del>⊺</del> .		Addre	ess		
Со	ral Gables, F	lorida 33134					
			Cit	y/State and	l Zip Code		
szg(	@jhglaw.con			6	numal consent actific	untion)	,
		,			nnual report notific	ation)	
For further infor	mation conce	erning this matter,	please	caii:			
San	idra Z. Greer	ı	305 at (		372 5100 )		
<u> </u>	Name o	of Person	- \		Daytime Teleph	one Number	
Enclosed is a c	heck for the	following amount	:				
≣\$125.00 Fili		□\$130.00 Filing Certificate of Sta		Certific	5.00 Filing Fee & ed Copy al copy is enclosed	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	2
					a		^

Mailing Address

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

<u>Street Address</u> 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 Liabilit	y Company is:		
CH Vessel LLC			
(Must conta	in the words "Limited I	iability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal of	fice of the Lin	mited Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
19101 SW 59th Stree	t		19101 SW 59th Street
SW Ranches, Florida			SW Ranches, Florida 33332
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registratio	Registered Agn.) agent are:	gent. You must designate an individual or
	901 Ponce de Leon B		
	Florida street address	s (P.O. Box N	OT acceptable)
	Coral Gables	FL	33134
	City	State	Zip
place designated in this certificate further agree to comply with the pi	, I hereby accept the approvisions of all statutes repligations of my position	ointment as re elating to the p as registered o	for the above stated limited liability company at the egistered agent and agree to act in this capacity. It proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S  Signature (REQUIRED)

(CONTINUED)

Citle:	Name and Address:
'AMBR" = Authorized Member	<del></del> :
'MGR" = Manager	
MGR	Carlos Hernandez, Trustee, his successor(s) as Trustee of the
	Carlos Hernandez Rev. Liv. Trust u/t/d 03/18/2022
	19101 SW 59th Street SW Ranches. Florida 33332
<u> </u>	
	_
V: Effective date, if other than the d tive date is listed, the date must be filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the detive date is listed, the date must be filling.) he date inserted in this block does not be determined to the Department's effective date on the Department CVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not ent of State's records.
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CV: Effective date, if other than the detive date is listed, the date must be filling.)  the date inserted in this block does not the date inserted at the Department's effective date on the D	ot meet the applicable statutory filing requirements, this date will not ent of State's records.  member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes,
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