

L22000403352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

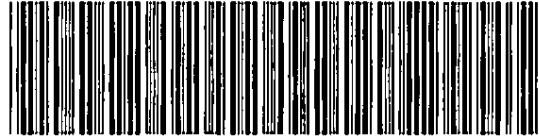
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/01/22--01021--007 \*\*190.72

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2022 SEP - 1 PM 8:15  
CLERK OF DISTRICT COURT  
JANUARY 1, 2022

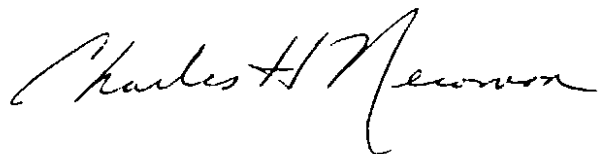
TO: Florida Department of State  
Division of Corporations

FROM: Charles H Newman  
4778 Hidden Lane  
West Bloomfield, MI 48323  
Cell: (248) 202-0133

DATE: August 29, 2022

RE: New Filing

Enclosed are the Articles of Organization and application fee for the formation of CG & CHN Associates, LLC.



Charles H Newman

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CLERK OF CIRCUIT COURT  
MI 1015 SEP 1 10 AM '22

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CG & CHN Associates, 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:

Charles H Newman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4778 Hidden Lane

\_\_\_\_\_  
Address

West Bloomfield, MI 48323

\_\_\_\_\_  
City/State and Zip Code

charlienewman@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles H Newman

248

202-0133

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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)

☐ \$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

2022 SEP -1 PM 8:16  
FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CG & CHN Associates, 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:

Mailing Address:

325 Farley Court  
Vero Beach, FL 32968

325 Farley Court  
Vero Beach, FL 32968

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:

Croce Giambanco

Name

325 Farley Court

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

Vero Beach

FL

32968

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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IN AND FOR THE COUNTY OF 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 \_\_\_\_\_

Croce Giambanco  
325 Farley Court  
Vero beach, FL 32968

AMBR \_\_\_\_\_

Charles H Newman  
4778 Hidden Lane  
West Bloomfield, MI 48323

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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 Statutes.  
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.817.155, F.S.

Charles H Newman

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)

FILED  
2022 SEP -1 PM 8:16  
STATE OF FLORIDA  
DEPARTMENT OF STATE