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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

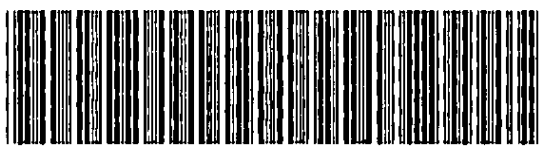
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHOP SHOP SLF, 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 E. PELLICER, ESQUIRE
Name of Person
PELLICER LAW
Firm/Company
1510 N. PONCE de LEON BLVD., SUITE B
Address
ST. AUGUSTINE, FL 32084
City/State and Zip Code
PELLICERLAW@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles E. Pellicer, Esquire 904 829-6054
Name of Person at () 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

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is: **CHOP SHOP SLF, LLC**

ARTICLE II

Address: The mailing address and street address of the principal office of the Limited Liability Company is:

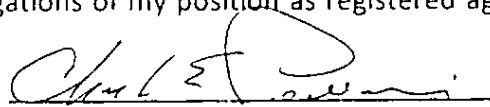
**50 Silver Forrest Drive
Suite 103
St. Augustine, FL 32092**

ARTICLE IV

The name and the Florida street address of the registered agent are:

**Charles E. Pellicer, Esquire
1510 N. Ponce de Leon Blvd.
Suite B
St. Augustine, FL 32084**

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: Charles E. Pellicer, Esq.

FILED
2022 OCT 31 AM 10:29
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
FRANCHISING
REGISTRATION VIDEO

