

L22000536041
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000434081 3)))



H220004340813ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239)948-1823
Fax Number : (239)948-1826

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wadeging@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
CHOKOLOT, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

2022-12-28 PM 12:19

HC

FILED
2022 DEC 28 AM 8:50
TALLAHASSEE, FLORIDA

((H22000434081 3)))

ARTICLES OF ORGANIZATION
OF
CHOKOLOT, LLC

ARTICLE I – NAME

The name of the limited liability company is Chokolot, LLC, (the "Company").

ARTICLE II – ADDRESS

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

Principal Office Address:

3001 Pine Tree Drive
Bonita Springs, Florida 34134

Mailing Address:

3001 Pine Tree Drive
Bonita Springs, Florida 34134

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Wade Gingerich
3001 Pine Tree Drive
Bonita Springs, Florida 34134

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.

DocuSigned by:

Wade Gingerich

Wade Gingerich

((H22000434081 3)))

((H22000434081 3)))

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Wade Gingerich
3001 Pine Tree Drive
Bonita Springs, Florida 34134

MGR

Danielle Gingerich
3001 Pine Tree Drive
Bonita Springs, Florida 34134

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 1, 2023.

REQUIRED SIGNATURE:

DocuSigned by:

Wade Gingerich

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.

Wade Gingerich

Typed or printed name of signer