

123000085281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

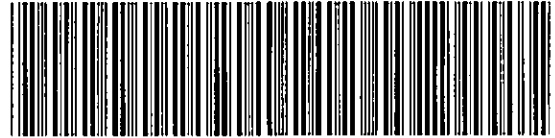
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400402560634

Ed. Spitzer

02/24/23--01002--022 **130.00

1

2023 FEB 24 AM 12:44

SECRETARY OF STATE
TALLAHASSEE, FL.

RECEIVED

2023 FEB 24 PM 12:20

- ALLIANCE. F. (1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARIS HOMES L.L.C.

(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:

2408 VEGA DRIVE
TALLAHASSEE, FLORIDA
32303

Mailing Address:

808 STONE PARK LANE APT 300
WOODLAND PARK
COLORADO, 80863

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:

ALTHEA DEVENISH
Name

2408 VEGA DRIVE
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32303
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..

Althea Devenish
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 FEB 24 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Althea DEVENISH
2408 VEGA DRIVE
TAUAHASSEE, FL 32303

AMOR

ANTHONY DEVENISH
1817 DORR DRIVE
TAUAHASSEE, FLORIDA 32303

AMOR

Dorlene Jackson
3711 Shamrock St W Unit 9234
TAUAHASSEE, FL 32309

(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:

Althea Devenish

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.

ALTHEA DEVENISH

Typed or printed name of signer

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)

SECRETARY OF STATE
TAUAHASSEE, FL

2023 FEB 24 AM 12:33

FILED