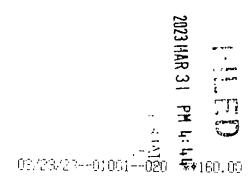
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**THOEIVED** 

# COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CHEZ BLY Nan	ms International LLC ne of Limited Liability Company
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Blymer	Mutanga Namur Boom
	Name of Person
	Firm/Company
1220 (.	Adams Charles
1528 3	Address
Tallal	assee / FL 32-301
Blum Sin	Address  Address  Address  Affec / FL 32-301  City/State and Zip Code  ecoa fix and @ gmail. Com be used for future annual report notification)
For further information concerning this matter	
R Lumer Muter Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	nt:
□\$125.00 Filing Fee □\$130.00 Filin Certificate of S	
Mailing Address New Filing Section	Street Address New Filing Section Division
Division of Corporations P.O. Box 6327	<del>_</del>

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na
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The name of the Limited Liability Company is:

CHET BLUMS INTERNATIONAL LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **VRTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1346 S. Adams St. Suite.	A 1346 S. Adams A. Suite A
Tallahister, FIDRIDA	Talianastee fl 32301
<u> </u>	11-3-306

## 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:

Blumer Mutanga

Name

824 Gagle View Dr. Fatt F

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

Tall Fl 3231

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the sace designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I sum 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)

onosidar st. PM h: hh

# ARTICLE IV-

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

Jse attachment if necessary)  V: Effective date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be more than five business days prior to or \$\frac{1}{2}\text{filing}\$.  In this date is listed, the date must be specific and cannot be more than five business days prior to or \$\frac{1}{2}\text{filing}\$.  In this date inserted in this block does not meet the applicable statutory filing requirements, this date will nearl's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:    Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 603-203 (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.    Billing Fees:   Typed or printed name of signee   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   Filing Fees:   S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent   Filing Fees:   Filing Fees: Filing Fee	<u>Fitle:</u>	Name and Address:	
Jes attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (ive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  (ine date inserted in this block does not meet the applicable statutory filing requirements, this date will nearly effective date on the Department of State's records.  VI: Other provisions, if any.  EOUIRED 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.    Blumble Multiple Mul	"AMBR" = Authorized Member "MGR" = Manager		
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