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(Requestor's Name)
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ÄLLAHASSEE, FĹO

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2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 09/18/2023	- **WALK IN*
ENTITY NAME CHOSE	N INSPECTIONS, LLC
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
xxxxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting;
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATI	ON
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$ 125.00	ACCOUNT # 120160000072 40: 1
Places all Time at the	e above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Chosen Inspections, 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:
2961 SW Rucks Dairy Road	2961 SW Rucks Dairy Road
Okecchobee, FL 34974	Okeechobee, FL 34974
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
Matthew A. Chesser	
Name	

2961 SW Rucks Dairy Road
Florida street address (P.O. Box NOT acceptable)

Okeechobee FL 3497

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)

ARTICLE IV-

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

"MGR" = Manager	Same and Address:
AMBR	Matthew A. Chesser 2961 SW Rucks Dairy Road Okcechobec, F1, 34974
	
7-00	
(Use attachment if necessary)	
late of filing.) e: If the date inserted in this block document's effective date on the D TCLE VI: Other provisions, if any.	
late of filing.) e: If the date inserted in this block document's effective date on the D TCLE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
late of filing.) e: If the date inserted in this block document's effective date on the D'ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document am aware the	does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
REQUIRED SIGNATURE: This document are the provisions of any. REQUIRED SIGNATURE: Signature I am aware the constitutes a least of the provisions.	does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State