

L24000DD48961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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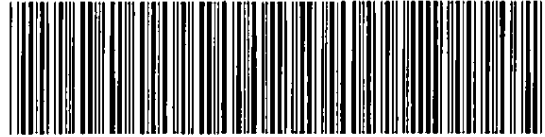
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T.S.H  
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

CAPITOL HILL LISTS LLC

**SUBJECT:** \_\_\_\_\_  
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:

PATRICK MOONEY

\_\_\_\_\_  
Name of Person

CAPITOL HILL LISTS LLC

\_\_\_\_\_  
Firm/Company

2946 BELLA FLORE TERRACE

\_\_\_\_\_  
Address

NEW SMYRNA BEACH, FL 32168

\_\_\_\_\_  
City/State and Zip Code

PMOONEY@RESPONSEHQ.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK MOONEY                      703                      944-2730

\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

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DEC 28 2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPTOL HILL LISTS 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:

2946 BELLA FLORE TERRACE  
NEW SMYRNA BEACH, FL 32168

Mailing Address:

2946 BELLA FLORE TERRACE  
NEW SMYRNA BEACH, FL 32168

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:

PATRICK J. MOONEY

Name

2946 BELLA FLORE TERRACE

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

NEW SMYRNA BEACH FL 32168

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)

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CLERK OF COURT  
JILL MANSER, 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

PJM GROUP HOLDINGS LLC

2946 BELLA FLORETER

NEW SMYRNA BEACH, FL 32168

MGR

CG VENTURES LLC

1600 NORAL PLACE

ALEXANDRIA, VA 22308

(Use attachment if necessary)

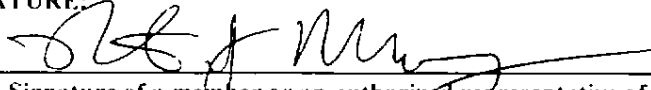
**ARTICLE V:** Effective date, if other than the date of filing: JAN 1, 2024. (OPTIONAL)

(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:**



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.

PATRICK J. MOONEY

Typed or printed name of signee

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

L24000048961

Patrick J. Mooney  
2946 Bella Flore Terrace  
New Smyrna Beach, FL 32168

December 26, 2023

Divisions of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

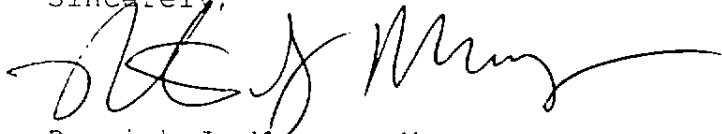
Dear Sir or Madam:

I, Patrick J. Mooney, am a partner in CHL Group Holdings LLC (Document #: L16000233848)

Our previous name was Capitol Hill Lists LLC.

Today, I am writing this letter to officially release the name "Capitol Hill Lists LLC" so that it may be used freely.

Sincerely,



Patrick J. Mooney, Manager  
Capitol Hill Lists LLC  
703-944-2730

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

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