L24000067188

(R	Requestor's Name)
(A	(ddress)
(A	(ddress)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	Business Entity Name)
(D	Pocument Number)
·	,
Certified Copies	Certificates of Status
	
Special Instructions to	o Filing Officer:
	.r_ &lan
	Nnabb
	Office Use Only



000414617990

02/07/24--01018--001 **130.00

2024 FEG - 7 G. 12: 23

COVER LETTER

BOM

TO:	New Filing Se- Division of Co				, ,	-1
SUBJE	Chelius Re	al Estate				
CODIE		Name of Lin	ited Liability Com	pany		
The end	closed Articles of	Organization and fee(s) are	submitted for filir	1g.		
Please i	return all corresp	ondence concerning this ma	tter to the followin	g:		
	Gregory J A	Chelius				
			Name of Person			
	Chelius Rea	Estate				
			Firm/Company			
	9239 Isla Bo	lla Circle				
			Address			
	Bonita Sprii	gs. Florida 34135				
	gregchelius@		ty/State and Zip C	ode		
		E-mail address: (to be used	for future annual re	eport notification)	<u> </u>	19.5
For furth	er information co	ncerning this matter, please	call:		¥-	2024 f Lo
	Gregory J A	Chelius 85 at (3488	-	-) 112: 2
	Nan	e of Person A	ea Code Dayı	time Telephone Number		
Enclose	ed is a check for t	ne following amount:			-52 -	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
□\$125	.00 Filing Fee	≥\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified Copy (additional copy	Certi is enclosed) Certi	60.00 Filin ficate of St fied Copy onal copy is	
	New F Divisi P.O. L	g Address iling Section on of Corporations ox 6327 assee, FL 32314	New Fil The Ce 2415 N	Address ling Section Division ntre of Tallahassee . Monroe Street, Suite 8 ssee, FL 32303	OSCILLA PROPERTY AND STATES	AH 7:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Chelius Real Es			
(Musi	t contain the words "Limited Liab	ility Company,	, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and str	reet address of the principal office	of the Limited	d Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
	C1 1 B 1 A 1		
ARTICLE III - Registered The Limited Liability Community Community with	h an active Florida registration.)	egistered Ageistered Agent.	9 Isla Bella Circle, Bonita Springs, FL 3- 3 4135 nt's Signature: You must designate an individual or
ARTICLE III - Registered The Limited Liability Comnother business entity with	d Agent, Registered Office. & R apany cannot serve as its own Reg h an active Florida registration.) treet address of the registered age	egistered Ageistered Agent.	nt's Signature
RTICLE III - Registered The Limited Liability Comnother business entity with	d Agent, Registered Office. & R npany cannot serve as its own Reg h an active Florida registration.)	egistered Age istered Agent. nt are:	nt's Signature
RTICLE III - Registered The Limited Liability Comnother business entity with	d Agent, Registered Office. & R pany cannot serve as its own Reg h an active Florida registration.) treet address of the registered age Gregory J A Chelius	egistered Age istered Agent. nt are:	nt's Signature
ARTICLE III - Registered The Limited Liability Comnother business entity with	d Agent, Registered Office. & R apany cannot serve as its own Reg h an active Florida registration.) treet address of the registered agen Gregory J A Chelius Na	egistered Age istered Agent. nt are:	nt's Signature: You must designate an individual or
RTICLE III - Registered The Limited Liability Commother business entity with	d Agent, Registered Office. & R apany cannot serve as its own Reg h an active Florida registration.) treet address of the registered age Gregory J A Chelius Na 9239 Isla Bella Circle	egistered Age istered Agent. nt are:	nt's Signature: You must designate an individual or

(CONTINUED)

Signature (REQUIRED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Auth	norized Member	
'MGR" = Manag		
<u>MGR</u>		Gregory J A Chelius
		9239 Isla Bella Circle, Bonita Springs, FL 34135
		
		
		
Use attachment	if necessary)	
ctive date is liste f filing.) the date inserted	in this block does not make on the Department of	eet the applicable statutory filing requirements, this date will not
ctive date is lister f filing.) the date inserted tent's effective of	in this block does not make on the Department of	cific and cannot be more than five business days prior to or 90 deet the applicable statutory filing requirements, this date will not
ctive date is lister filing.) the date inserted thent's effective of the course of the	in this block does not make on the Department of isions, if any. GNATURE: Signature of a merphis document is executed an aware that any false	eet the applicable statutory filing requirements, this date will not of State's records. The original reflected representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, internation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ctive date is lister filing.) the date inserted then is effective of the continuous cont	in this block does not me date on the Department of isions, if any. GNATURE: Signature of a mer phis document is execute an aware that any false constitutes a third degree	mber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee
ctive date is lister filing.) the date inserted the nent's effective of the course of	in this block does not mediate on the Department of isions, if any. GNATURE: Signature of a mere phis document is executed and any false constitutes a third degree.	mbet or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
ctive date is lister filing.) he date inserted hent's effective of VI: Other providence of VI: Other p	in this block does not me date on the Department of isions, if any. GNATURE: Signature of a met phis document is execute am aware that any false constitutes a third degree. Fee for Articles of Org	mber or an authorized representative of a member. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee
stive date is lister filing.) the date inserted tent's effective of VI: Other provided tent's ef	in this block does not mediate on the Department of isions, if any. GNATURE: Signature of a mere phis document is executed and any false constitutes a third degree.	mbet or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
stive date is lister filing.) the date inserted tent's effective of VI: Other provided tent's ef	in this block does not mediate on the Department of isions, if any. GNATURE: Signature of a mere this document is execute an aware that any false constitutes a third degree Copy (Optional)	receit the applicable statutory filing requirements, this date will not of State's records. The organ rutherized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
stive date is listed filing.) the date inserted then is effective of the content	in this block does not mediate on the Department of isions, if any. GNATURE: Signature of a mere this document is execute an aware that any false constitutes a third degree Copy (Optional)	eet the applicable statutory filing requirements, this date will not of State's records. The original rutherized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
stive date is listed filing.) the date inserted then is effective of the content	in this block does not mediate on the Department of isions, if any. GNATURE: Signature of a mere this document is execute an aware that any false constitutes a third degree Copy (Optional)	respect the applicable statutory filing requirements, this date will not of State's records. The original rutherized representative of a member red in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent