

L 24000163000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

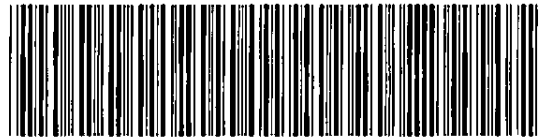
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/18/24--01011--010 **160.00

FILED
9070 APR 19 PM 03:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED
9070 APR 19 PM 03:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T.J.H
4/10/24

Kathlyn M. Landicho
klandicho@offitkurman.com
301-575-0303

March 14, 2024

Florida Department of State
New Filing Section, Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: CHC S Holdings, LLC – FL Articles of Organization

Dear Sir / Madam:

Enclosed for filing please find the Articles of Organization for Florida Limited Liability Company for CHC S Holdings, LLC. Also enclosed please find a check in the amount of \$160.00 for the Filing Fee, Certificate of Status and Certified Copy.

Please return the recorded Certificate of Status and Certified Copy to my attention at: Offit Kurman, P.A., Attn: Kathy Landicho, 7021 Columbia Gateway Drive, Columbia, MD 21046.

If you have any questions, please contact me at 301-575-0303.

Sincerely,

Kathlyn M. Landicho
Kathlyn M. Landicho
Paralegal

Enclosures

FILED
2024 MAR 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CHC S HOLDINGS, LLC
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:

Kathy Landicho

Name of Person

Offit Kurman, P.A.

Firm/Company

7021 Columbia Gateway Drive

Address

Columbia, MD 21046

City/State and Zip Code

klandicho@offitkurman.com

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

For further information concerning this matter, please call:

Kathy Landicho 301 575-0303
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

2004 MAR 10 PM 3:23
SECRETARY OF STATE
FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHC S HOLDINGS, 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:

125 Rue De Nancy

Melbourne Beach, FL 32951

Mailing Address:

125 Rue De Nancy

Melbourne Beach, FL 32951

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:

Catherine Stamatacos

Name

125 Rue De Nancy

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

Melbourne Beach

FL

32951

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..

Catherine Stamatacos

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 MAR 10 PM 2:27
SECRETARY OF STATE
FLORIDA

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

Catherine Stamatacos
125 Rue De Nancy
Melbourne Beach, FL 32951

(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:

Catherine Stamatacos

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.

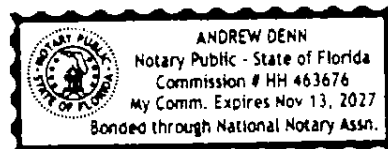
Catherine Stamatacos
Typed or printed name of signee

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)

State of Florida
County of Indian River
Presented A Drivers License

Andrew Denn
Andrew Denn



FILED
2021 MAR 19 PM 2:26
STATE OF FLORIDA

COVER LETTER

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Division of Corporations**

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klandicho@offitkurman.com

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Kathy Landicho

301

575-0303

at ()

Name of Person

Area Code

Daytime Telephone Number

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SECRET
TALLAHASSEE
STATE
FLORIDA
MAR 19 PM 3:27

FILED

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Catherine Stamatacos

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Catherine Stamatacos

Typed or printed name of signer

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

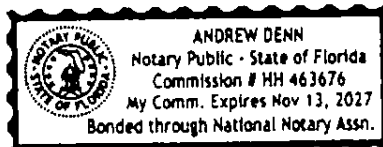
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

State of Florida
County of Indian River
Presented A Drivers License

Andrew Denn

Andrew Denn



FILED
MAR 10 PM 2:05
SECRETARY OF STATE
FLORIDA