

Florida Department of State  
Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : MAYNARD NEXSEN PC  
Account Number : I20220000140  
Phone : (407)647-2777  
Fax Number : (407)647-2157

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmills@maynardnexsen.com

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
Chicadee Homes, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
CHICADEE HOMES, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute Chapter 605 entitled the "Florida Revised Limited Liability Company Act," does hereby adopt the following Articles of Organization for such company:

**ARTICLE I  
NAME AND PURPOSE**

The name of the company shall be: **Chicadee Homes, LLC**

The purpose of the Company shall be to conduct any lawful business in the State of Florida.

**ARTICLE II  
ADDRESS**

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

1. The Principal Office location of the Company is:

**111 North Orange Avenue  
Suite 800  
Orlando, FL 32801**

2. The Mailing Address of the Company is:

**5110 Marbury Circle  
Sandy Springs, GA 30327**

**ARTICLE III  
CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 FLORIDA STATUTES, AND THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 The name and the Florida street address of the registered agent are:

**MAYNARD NEXSEN PC CORPORATION  
200 E. New England Ave.  
Suite 300  
Winter Park, Florida 32789**

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*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.*

\_\_\_\_\_  
Brian Mills, Esq., on behalf of  
Maynard Nexsen, PC Corporation

**ARTICLE IV  
MANAGEMENT**

The Company is to be **MANAGER**-managed and the name and address of the **MANAGERS** are:

- 1. **Brian Jaspon**  
5110 Marbury Circle  
Sandy Springs, GA 30327
- 2. **Adam Jaspon**  
53 Thomas Park, Unit 2  
South Boston, MA 02127

**ARTICLE V  
EFFECTIVE DATE AND DURATION**

The effective Date for the Company shall be the **date of filing** with the State of Florida Division of Corporations. The period of duration for the Company shall be **perpetual** unless terminated as provided in the Operating Agreement.

**ARTICLE VI  
ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be as provided in the Company Operating Agreement.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

\_\_\_\_\_  
Signature of a member or authorized  
Representative of a member

Brian Mills, Esq.