

624000225425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2024 MAY 21 AM 9:47  
TALLAHASSEE, FL  
CLERK OF STATE

RECEIVED  
2024 MAY 21 PM 4:56  
TALLAHASSEE, FL 32302  
CLERK OF STATE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Chi-Square International 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:

Jane Okoye

Name of Person

Chi-Square International LLC

Firm/Company

2948 Saddle Brook Court

Address

Tallahassee FL 32303

City/State and Zip Code

chi-squareintl@gmail.com

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

For further information concerning this matter, please call:

Jane Okoye

Name of Person

at ( 850 ) 345-0487

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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

TALLAHASSEE, FL  
STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chi-Square International 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:

2948 Saddle Brook Court  
Tallahassee FL 32303

Mailing Address:

2948 Saddle Brook Court  
Tallahassee FL 32303

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:

Jane Okoye

Name

2948 Saddle Brook Court

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

Tallahassee

FL

32303

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.

Jane Okoye  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

AMBR

**Name and Address:**

Ifeakandu Okoye  
2948 Saddle Brook Court  
Tallahassee FL 32303

Jane Okoye  
2948 Saddle Brook Court  
Tallahassee FL 32303

Chiamaka Okoye  
2948 Saddle Brook Court  
Tallahassee FL 32303

Daniella Okoye  
2948 Saddle Brook Court  
Tallahassee FL 32303

(Use attachment if necessary)

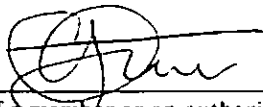
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



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.

Jane Okoye

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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TALLAHASSEE FL  
STATE

**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:**

AMBR

Daniel Okoye  
2948 Saddle Brook Court  
Tallahassee, FL 32303

AMBR

David Okoye  
2948 Saddle Brook Court  
Tallahassee, FL 32303

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

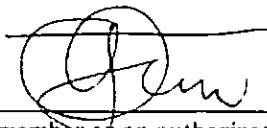
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Jane Okoye

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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