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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

CHALKER REAL	ESTATE INVESTM	IENT, LLC			
Please Debit FCA0	00000003 For: 130				
Thank you Seth Ne	eiey				
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### **COVER LETTER**

	lew Filling Sec Division of Cor				
0.45.45.00		REAL ESTATE INV	ESTMENT, LLC		
SUBJECT	.:	Name of	Limited Liability Company		
The enclos	sed Articles of	Organization and fee(s	s) are submitted for filing.		
Please ren	ım ali correspo	ondence concerning this	s matter to the following:		
	BRIAN R. F	IERSH			
			Name of Person		
	LAW OFFIC	E OF BRIAN R. HER	RSH		
			Firm/Company	2024	
	1541 BRICK	ELL AVENUE, SUIT	TE C-1407	<u></u>	-
		<del>,</del>	Address		*
	MIAMI, FLO	ORIDA 33129	Single Control of the	± 99 €	
	bhershlaw@a	tt.net	City/State and Zip Code	: 47	
			used for future annual report notification)		
For further	information co	ncerning this matter, pl	lease call:		
	Brian R, Her		305 371-6294		
	Nam	e of Person	Area Code Daytime Telephone Number		
Enclosed i	s a check for t	he following amount:			
	) Filing Fee	■\$130.00 Filing Fe Certificate of Status		d)	
	New F Division P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

CHALKER REAL ESTATE INVESTMENT, 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:

<u>Principal</u>	Office Address:		Mailing Address:	•
11377 S.W. 85TH LAN	(E	11377 5	S.W. 85TH LANE	_
MIAMI, FLORIDA 33	173	MIAM	, FLORIDA 33173	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act The name and the Florida street ad	nnot serve as its own Re ive Florida registration.) dress of the registered ag NANCY E. BENOUAIC N	gistered Agent. You ent are: CH ame		dual or VASSE FL
	11377 S.W. 85TH LAN			FFI
	Florida street address (P	O. Box <u>NOT</u> acce	ptable)	
	MIAMI	FLORIDA	33173	

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..

State

Zip

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR NANCY E. BENOUAICH 11377 S.W. 85TH LANE MIAMI, FLORIDA 33173 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 09/18/2024 (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 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 the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: )ericulack

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.

NANCY E. BENOUAICH

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)