

L 99000008042

CAPITAL CONNECTION, INC.  
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8042 • Fax (850) 222-1222

CHIRCO CONSULTING GROUP, Ltd.

L. Co.

900003050739--7  
-11/22/99--01024--017  
\*\*\*\*155.00 \*\*\*\*155.00

- Art of Inc. File W99-26807
- LTD Partnership File
- Foreign Corp. File
- L.C. File Cert.
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
99 NOV 22 AM 8:17

FILED  
11/23

Signature

Requested by: LM 11/19 12:59 pm  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 22, 1999

CAPITAL CONNECTION

SUBJECT: CHIRCO CONSULTING GROUP  
Ref. Number: W99000026807

RECEIVED  
99 NOV 22 PM 4: 28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for CHIRCO CONSULTING GROUP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

The way the name appears on your second page is acceptable: please make sure the name appears the same way throughout your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 699A000557

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corrected

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: CHIRCO CONSULTING GROUP, L.L.C.

**ARTICLE II - Address:**

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

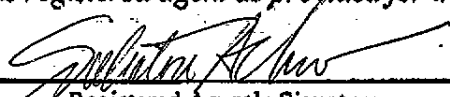
25 Old Kings Rd. N., A-1, Palm Coast, Florida 32137

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

SALVATORE A. CHIRCO, President  
Name  
46 Ebb Tide Dr.  
Florida street address (P.O. Box NOT acceptable)  
Palm Coast, FL 32164  
City, State, and 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 608, F.S.*

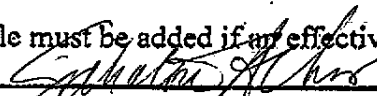
  
Registered Agent's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SALVATORE A. CHIRCO  
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
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 of the limited liability company is: CHIRCO CONSULTING GROUP, L.L.C.

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

SALVATORE A. CHIRCO

NAME

46 EBB TIDE DRIVE

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

PALM COAST, FLORIDA 32164

CITY, STATE AND 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED