

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8052 • 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

Signature

Requested by:

LM

11/19

12:59 pm

Name

Date

Time

Walk-In

Will Pick Up

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

FILED

11/23



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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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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