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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

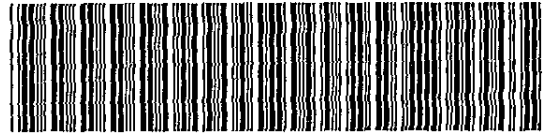
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W04-8963



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02/25/04--01013--005 \*\*155.00

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kai Christians Ltd. Co.  
(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:

Kai S. Christians  
(Name of Person)

Kai Christians "Ltd. Co"  
(Firm/Company)

901 Chester Dr.  
(Address)

Clearwater, FL 33756  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kai Christians at (727) 443-1862  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 22 PM 12:20



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 5, 2004

KAI S. CHRISTIANS  
901 CHESTER DR.  
CLEARWATER, FL 33756

SUBJECT: KAI CHRISTIANS LTD. CO.  
Ref. Number: W04000008963

We have received your document for KAI CHRISTIANS LTD. CO. 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 registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 804A00014809

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DIVISION OF CORPORATIONS  
04 MAR 22 PM 12:20

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kai Christians Ltd. Co.

**ARTICLE II - Address:**

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

**Principal Office Address:**

901 Chester Dr.  
Clearwater, FL 33756

**Mailing Address:**

← SAME

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DIVISION OF CORPORATIONS

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

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

Kai Christians  
Name

901 Chester Dr.  
Florida street address (P.O. Box NOT acceptable)  
Clearwater FL 33756  
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..*

[Signature]

Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Kai Christians  
901 Chester Dr.  
Clearwater, FL 33756

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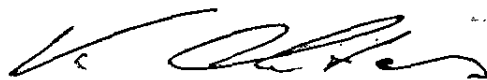
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Kai S. Christians

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)