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DIVISION OF CORPORATIONS

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*Wait*

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHRISTOPHER CHARLES PARKER 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:

CHRISTOPHER C PARKER  
(Name of Person)

CHRISTOPHER CHARLES PARKER LLC  
(Firm/Company)

400 SNAREVILLE HWY  
(Address)

CRAWFORDVILLE, FL. 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER C. PARKER at (850) 413-0145  
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRISTOPHER Charles PARKER LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

93 MAYFAIR RD  
CRAWFORDVILLE, FL 32327

#### Mailing Address:

SAME

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

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

CHRISTOPHER C PARKER  
Name  
93 MAYFAIR RD  
Florida street address (P.O. Box NOT acceptable)  
CRAWFORDVILLE FL 32327  
City, State, and Zip

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*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..*

Christopher C. Parker  
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:**

MGRM

CHRISTOPHER C PARKER  
93 MAYFAIR RD 32327  
CRAWFORDVILLE, FL

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Christopher C Parker  
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.)

CHRISTOPHER C PARKER  
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)