

L04 0000053381

04 JUL 19 PM 3:48

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

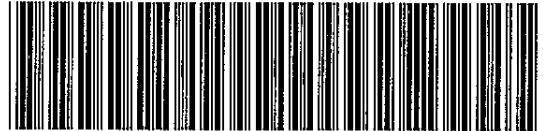
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700039109277

07/20/04--01002--004 **375.00

AL

RECEIVED
JUL 19 PM 3:41
STATE
OFFICE OF
CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

04 JUL 19 PM 3:48

SUBJECT: CHRIS NIXX ENTERPRISES, 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 NIXON
(Name of Person)

CHRIS NIXX ENTERPRISES, LLC.
(Firm/Company)

2224 ORION LAKE DR.
(Address)

NAVARRE FLORIDA 32566
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER NIXON at (404) 840.3134 9-AM TO
(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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04 JUL 19 PM 3:48

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRIS NIXX ENTERPRISES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

CHRIS NIXX ENTERPRISES, LLC.

2224 ORION LAKE DR.

NAVARRE FLORIDA 32566

Mailing Address:

CHRIS NIXX ENTERPRISES, LLC.

2224 ORION LAKE DR.

NAVARRE FLORIDA 32566

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

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

CHRISTOPHER NIXON

Name

2224 ORION LAKE DR.

Florida street address (P.O. Box **NOT** acceptable)

NAVARRE FLORIDA 32566

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, Florida Statutes..

Christopher Nixon 7-19-04

Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows 04 JUL 19 PM 3: 48

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CHRISTOPHER NIXON

2224 ORION LAKE DR.

NAVARRE FL., 32566

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Christopher Nixon 7-19-04
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 NIXON

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)