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TRANSMITTAL LETTER

TO: Registration Se Division of Co.			
SUBJECT: The Chris			
	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fec(s) are st	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Teresa N	fichelle Christopher		
	()	Name of Person)	
The Christopher Age	ency (dba) PLESE	T Compavy MoUIUG Fina/Company)	TO LLC
	(1	Finn/Company)	
246 Matties	Way		
		(Address)	
Desti	n, FL 32541		
-	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	05 MA SECR TALLA
Teresa Michelle Chris		at (850) 837-6306	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		F. S. S.
☐ \$125.00 Filing Fee		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:	
The Christopher Agency , LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
246 Matties Way	246 Matties Way
Destin, FL 32541	Destin, FL 32541
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re-	
Teresa Michelle Christopher Name	
ranc	TA TA
246 Matties Way	tes a 1
Florida street add	ress (P.O. Box NOT acceptable)
Destin, FL 32541	<u>n</u>
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered Agent's	Accept service of process for the above stated limited this certificate, I hereby accept the appointment as I further agree to comply with the profisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S Signature BK 3038999

(CONTINUED)

Page 1 of 2

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"	Teresa Michelle Christopher	
•	246 Matties Way	-
	Destin, FL 32541	. 4
		÷
	ME TO SERVICE STATE OF THE SER	
		_
	a en e	
	TOE DATE EFFECTIVE DATE: FEBRUARY &	98
(In accordance with sec of this document constituted that the facts stated by	MICHELLE CHRISTAPHER SST PROJECT PROJE	
of Registered Agent	A	

\$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)