## LO500098573

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer.		
		:

Office Use Only



800060170838

10/05/05--01055--006 \*\*160.00

05 0CT -- 5 MM 8: 55

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Chr	Name of Limited	Caming LLC Liability Company)	<u></u>
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
Willi	am Christoph	ner Lister jame of Person)	
Chas	Lister Frami	Mg LLC "irm/Company)	
149	Reagan Rd.	(Address)	
Pane	ama City, FL	32404 State and Zip Code)	····
For further information of	concerning this matter, please of	eall:	
William Ch	ristopher Lister of Person)	at (850) 624- (Area Code & Daytime Te	7984 (lephone Number)
Enclosed is a check for	r the following amount:		
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CTDF	FT ADDDFCC,	MAILING A	nnress.

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Chris Lister Framing LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit	ty Compan	y is:
Principal Office Address:  Mailing Address:		
149 Reagan Rd. Panama City, FL 32404 Panama City, FL 324	404	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign	nature:	
The name and the Florida street address of the registered agent are:		
William Christopher Lister		
149 Reagan Rd. Florida street address (P.O. Box NOT acceptable)		
Panama City, State, and Zip		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appreciatered agent and agree to act in this capacity. I further agree to comply with the perstatutes relating to the proper and complete performance of my duties, and I am fam accept the obligations of my position as registered agent as provided for in Chapter	pointment a provisions o tiliar with a	is Of all md
Registered Agent's Signature	90	<u>C7</u>
(CONTINUED)	05 OCT -5 AN	
Page 1 of 2	8: 55	TANDES

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	William Christopher Lister 149 Reagan Rd. Ranama City, FL 32404
MGRM	Jimmy C. Monday
	Tallahassee, FL
MGRM_	Rachel J. Lister 149 Reagan Rd. Panama City, FL
	3'
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Si	
Signature of a me	mber or an authorized representative of a member.
of this document of	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
William.	Christopher Lister Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)