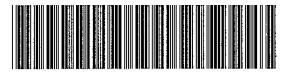
15000122167

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octation Copies
Special Instructions to Filing Officer:

Office Use Only



800062341678

12/22/05--01043--035 **160.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chrissy's Custom Creations (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:	
Christine M. Falzone (Name of Person)	
Christy's Custom Creations	DIVISION
N :	OF CORPOSE
Boynton Bon FC 33437 = (City/State and Zip Code)	
For further information concerning this matter, please call:	
Christine M. Falzone at 501 309-6443 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Status} \text{\$155.00 Filing Fee & Certificate of Status} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chrissy's Custom (Must end with the words Limited Liability Company, "Limited	Creations LLC d Company" or their abbreviation "LLC," or "L.C.,")
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:
8880 LIVINGSTON WAY BOYNTON RCh, FL 33437	ROYNTON BCH, FL 33437
The name and the Florida street address of the re	egistered agent are:
The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: Mailing Address: Mailing Address:	LAKES BIVI. Tess (P.O. Box NOT acceptable)
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 regis	nis certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and terest agent as provided for in Chapter 608, F.S

(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:

MGRM	CHRISTINE FALTONE	
•	Boynoon Reh, FC 33437	
n GR	MARIE CUNDARI	
	Boynton Ben FL 33437	2005 DEC
		DEC 2
		~ _ 5
•		— ₹ }
		— -

ARTICLE V: Effective date, if other than the date of filing: December. 21, 2005. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)