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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chris Bunger LLC (Name of Limited Hability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chris Bunger (Name of Person)
(Name of Person)
Chris Bunger LLC (Firm Company)
17 Oneida Dr.
Crawford ville Fl. 32327 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
r Chu Bungh at (856) 519-4236 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
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:	
Chris Bunger (Must end with the words "Limited Liability Company, "Limited	LLC
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the printer.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17 ONEIDA Dr. Crawforduille fl. 32327	17 aveida DC. Crawfordville F1.32327
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
<u>Chris Bu</u>	nger A A
Name	ASS.
17 oveida	DC Fig = U
	ess (P.O. Box NOT acceptable)
City, State, an	6L 32327
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	ccept service of process for the above stated limited is 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 tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	(REQUIRED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing	Member	Name and Address:
mGRm		Chris Bunger 17 Oneida Dr. Crawfordville Fl. 32327
		Ty 06
		CRICARY D
		FE STATE OR
Use attachment if nec	essary)	9""
LE V: Effective date, if	f other than the	
LE V: Effective date, i fective date is listed, the days after the date of	f other than the ne date must be filing.)	e date of filing: (OPTIONA te specific and cannot be more than five business day
(Use attachment if nec LE V: Effective date, i fective date is listed, the days after the date of REQUIRED SIGNAT	f other than the ne date must be filing.)	
LE V: Effective date, i fective date is listed, the days after the date of REQUIRED SIGNATE.	f other than the ne date must be filing.) FURE:	
LE V: Effective date, i fective date is listed, the days after the date of REQUIRED SIGNATED	f other than the ne date must be filing.) FURE: Lucy Lature of a member a member coordance with second	er or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)