

L06000055127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

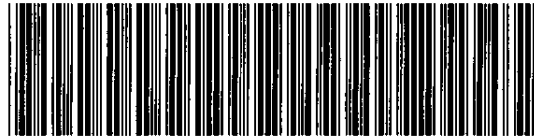
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900074878219

05/22/06--01038--026 \*\*320.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 22 PM 12:28

B. McKnight MAY 30 2006

## **R.M. LeRoux Consulting**

**Accounting \* Bookkeeping  
Consulting \* Payroll  
Income Tax - Federal & States**

507 Herbert Street, Suite A, Port Orange, FL 32129-3845  
Phone 386 788-7264 \* Toll Free 866 788-7264 \* Fax 386 788-1958 \* Email: rleroux@outdrs.net

05/16/2006

Florida Department Of State  
Division Of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, FL 32314

Please file the enclosed Articles Of Organization for the following:

**Christen Appraisals, LLC**

**Christen Services, LLC**

Enclosed is my check number 5455 in the amount of \$320.00 for the following:

Filing Fee	250.00
Certified Copy	60.00
Certificate Of Status	10.00
Total	320.00

Thank You,

R.M. LeRoux

**Articles Of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
**Christen Appraisals, LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
762 Renegade Lane, Port Orange, FL 32127-7586

The mailing address of the Limited Liability Company is:  
762 Renegade Lane, Port Orange, FL 32127-7586

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL OTHER LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
William F. Christen, III  
762 Renegade Lane, Port Orange, FL 32127-7586

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 am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_

William F. Christen, III

**Article V**

The name and address of the managing member is:  
William F. Christen, III  
762 Renegade Lane, Port Orange, FL 32127-7586

Signature of member or an authorized representative of a member.

Signature: \_\_\_\_\_

William F. Christen, III MGRM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY 22 PM 12:28