L06000028944

Keuin Christenson (Requestor's Name)
(Requestor's Name) 10422 Madress) 70050010.Fl. 32524
70nsacola, Fl. 32526
(City/State/Zip/Phone #)
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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Α.

The name of the Limited Liability Company is:

CHRISTENSOAL SIDIN G CO. (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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6422 MEADOWFIELD PENSACOLA FL. 32526

MEADOWFIELD CR PENSACOLA FL. 32526

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KEUIN CHRISTENSON

MEAPOWFIELD CR.

Florida street address (P.O. Box NOT acceptable)

PENSA COLA FL City, State, and Zip

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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	KEUIN CHRISTENSON 6422 MEADOWFIELD CR. JENSACOLA FL. 32526
(Use attachment if necessary)	
ICLE V: Effective date, if other the effective date is listed, the date may be days after the date of filing.)	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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.)

KEUIN CHRISTENSON
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)