

LD7000046487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

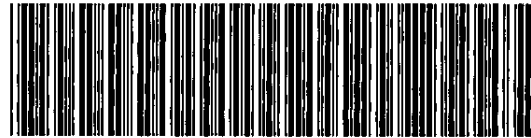
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/30/07--01009--008 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 30 AM 11:56

BLT

LAW OFFICES OF TERRY A. STALLINGS

1901 Central Drive
Suite 503
Bedford, Texas 76021

Metro 817 / 267-4455
FAX 817 / 283-8458
taslaw78@sbcglobal.net

April 25, 2007

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: CHRIS CARROLL ENTERPRISES, LLC

Dear Sir/Madam:

The enclosed Articles of Organization and fees are submitted for filing on behalf of Chris Carroll Enterprises, LLC. Enclosed is a check for \$160.00, said amount being the required filing fee in this matter to receive a Certificate of Status and Certified Copy of the Articles of Organization. For your convenience we have enclosed a return addressed envelope to return the requested copies. Please return all future correspondence concerning this matter to the following address:

Chris Carroll
Chris Carroll Enterprises, LLC
4427 Whispering Oaks Dr.
North Port, FL 34287

If you need any further information concerning this matter, please call Chris Carroll at 817-528-9881. Thank you for your assistance in this matter.

Respectfully,

Terry A. Stallings

PAS/dlv

Enc.

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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DIVISION OF CORPORATIONS
07 APR 30 AM 11:56

ARTICLE I - Name:

The name of the Limited Liability Company is: Chris Carroll Enterprises, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4427 Whispering Oaks Dr.
North Port, FL 34287

Mailing Address:

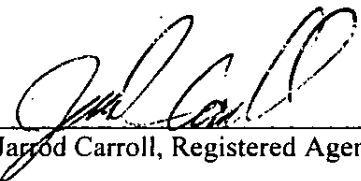
4427 Whispering Oaks Dr.
North Port, Florida 34287

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Jarrold Carroll
4427 Whispering Oaks Dr.
North Port, FL 34287

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.


Jarrold Carroll, Registered Agent

ARTICLE IV - Manager:

The name and address of the Manager is as follows:

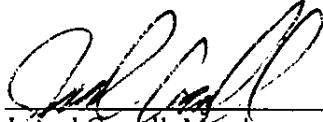
Title:

Manager

Name and Address:

Chris Carroll
4427 Whispering Oaks Dr.
North Port, Florida 34287

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Jarrod Carroll', is written over a horizontal line.

Jarrod Carroll, 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.)