

# LO7000090499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

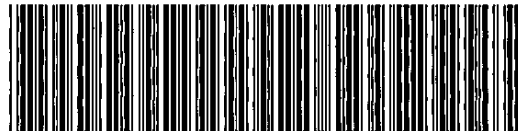
(Business Entity Name)

(Document Number)

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RECEIVED  
07 SEP -5 AM 9:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 SEP -5 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Christopher Harrell LLC  
(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:

Christopher E. Harrell  
(Name of Person)

Christopher Harrell LLC  
(Firm/Company)

600 Redman Rd  
(Address)

Cville Fla. 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ginger on Chris Harrell 850 926-9922  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SEP - 5 AM '95  
TALLAHASSEE, FL  
CLERK OF COURT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Christopher Harrell LLC  
(Must end with the words "Limited Liability Company, LC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

100 Redman Rd  
Civille Fla  
32327

#### Mailing Address:

100 Redman Rd  
Civille Fla  
32327

### 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:

Ginger Harrell  
Name

100 Redman Rd  
Florida street address (P.O. Box **NOT** acceptable)

Civille FL 32327  
City, State, and Zip

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*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.*

Ginger Harrell  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

Christopher Harrell  
100 Redman Rd  
Civille Fla. 32327

MGRM

Willie R. Leverette  
100 Redman Rd  
Civille Fla 32327

MGRM

William R. Harrell  
100 Redman Rd  
Civille, Fla. 32327

MGRM

Michael C. Lane  
100 Redman Rd  
Civille Fla 32327

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9-5-07 (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:**

Ginger Harrell  
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.)

Ginger Harrell  
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)

FILED  
07 SEP 12 AM 9:55  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA