

107000095005-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

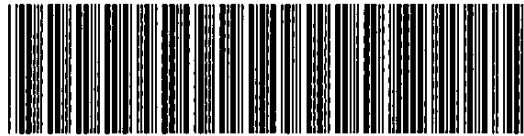
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

DB

Office Use Only



000109449400

09/17/07--01038--027 **160.00

FILED
07 SEP 17 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
850-245-6051

September 12, 2007

To Whom It May Concern:

Contained find Article of Organization of Chrislin Family, LLC, along with a check for \$160.00 for filing fee, certified copy and certificate of status

My contact information follows:

William G Stanton
6900 NW 3rd Ave
Boca Raton FL 33487
561 602 2217

Thank you,



William Stanton

FILED
07 SEP 17 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

Chrislin Family, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: Chrislin Family, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 6900 N.W. 3rd Ave Boca Raton Florida 33487, with the principal office having its offices and branch offices at other places within or without the State of Florida.


ARTICLE III

The initial registered office of this limited liability company is 6900 NW 3rd Avenue Boca Raton, Florida 33487. The initial registered agent at that address is William G. Stanton, M.D.

ARTICLE IV

This limited liability company shall commence its existence as of the execution hereof on July 31, 2007, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31 day of July, 2007.


William G. Stanton M.D., Member

FILED
07 SEP 12 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

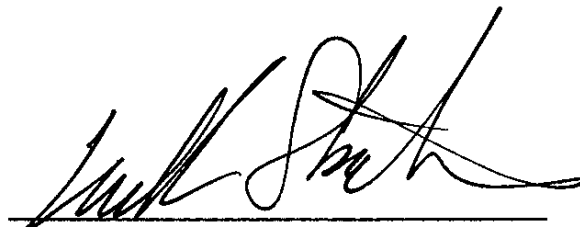
FIRST -- The name of the limited liability company is Chrislin Family, LLC.

SECOND -- The name and address of the registered agent and office is:

William G. Stanton, M.D.
6900 N.W. 3rd Ave
Boca Raton, Florida 33487

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.

Dated this 31 day of July, 2007.



William G. Stanton M.D., Registered Agent