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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE

N. Gullian UEU 2 0 2007

## COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: CHRISTIAN Alliance 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:
(Name of Person)
(Firm/Company)
1737 M. OCEAL BLUD #204 (Address)
CT. LAUDERDING FL 33308 (City/State and Zip Code)
For further information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee, }\text{\$Certificate of Status & }\text{\$Certified Copy & Certificate of Status & }\$Certified Copy & Certified Copy
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

CHRISTIBL Alliano	e LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4737 h. Ocean In. Tou	4737 M. OCEMA DA 204 CORT. LANDRE DALS FL.
FT. LALDER ONLE FL.	GORT LANDER DALE FL.
	·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
	ASS OF THE
Name	HANTER TO THE
· \ <del></del>	TAR TAR
4737. h	CE DIC 204
Florida street addr	ess (P.O. Box NOT acceptable)
LoutlanderDALO	FL 3330 & 102 7 7 7
City, State, ar	RID RID RID
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

<u>Title:</u> "MGR" = Manager		Name and Address:		
"MGRM" = Managing  MGRM" = Managing	; Member	RICHERS HOUSE 1737. h. ocean FORT LAU DER DAG		14 339E
(Use attachment if nec	essary)			
effective date is listed, the	he date must be sp	e of filing: (ecific and cannot be more than five but	(OPTIONA usiness da	AL) ys pric
effective date is listed, the	he date must be spo filing.)	e of filing: (ecific and cannot be more than five by	usiness da 07 DEC SECRET	ys pric
effective date is listed, the days after the date of REQUIRED SIGNA	he date must be spefiling.)	e of filing: ecific and cannot be more than five but the second cannot be more than five but an authorized representative of a member.	usiness SECRETARY OF TALLAHASSEE F	ys pric
effective date is listed, the days after the date of REQUIRED SIGNATION Signature (In according to the content of the content	rure of a member or	an authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	usiness SECRETARY OF STATE TALLAHASSEE FLORID	ys pric

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)