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Division of Corporations

Fax Number : (850)617-6383

OCT - 82008

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone : (608)827-5300 : (608)827-5501 Fax Number

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Christin Kuck LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

FAX AUDIT # 408 000 2320273

ARTICLES OF ORGANIZATION OF Christin Kuck LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Christin Kuck LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 13341 86th Avenue, Seminole, Florida 33776.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Christin Kuck, 13341 86th Avenue, Seminole, Florida 33776. Located in the County of Pinellas.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Christin Kuck, 13341 86th Avenue, Seminole, Florida 33776

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: October 2, 2008

WI 53717

(608) 827-5300

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FAX AUDIT # 408 000 2320273

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Christin Kuck LLC

The name and address of the registered agent and office is Christin Kuck, 13341 86th Avenue, Seminole, Florida 33776. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated 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.

Date: 10-07 - 2008

FAX AUDIT # 10800 232 02 3