

Division of Corporations

Page 1 of 1

L09000017760

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000041998 3)))



H090000419983ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FILED
2009 FEB 23 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Christopher LaRue, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

FEB 24 2009

EXAMINER

Help

Electronic Filing Menu

Corporate Filing Menu

RECEIVED

09 FEB 23 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H09000041998

ARTICLES OF ORGANIZATION
FOR

2009 FEB 23 AM 7:40

FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is: **Christopher LaRue, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

13876 SW 56 St. #227

13876 SW 56 St. #227

Miami, FL 33175

Miami, FL 33175

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

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

Christopher LaRue

Name

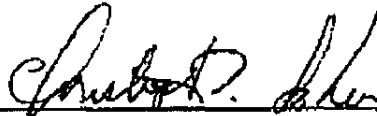
3466 SW 152 Place

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Miami, FL 33185

(City / State / Zip)

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.



Registered Agent's Signature - Christopher LaRue

FILED

ARTICLE IV - Manager(s) or Managing Member(s):

H09000041998

The name and address of each Manager or Managing Member is as follows: 2009 FEB 23 AM 7:40

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

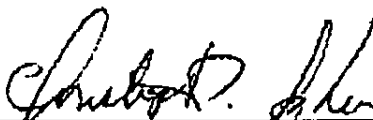
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Christopher P. LaRue - 3466 SW 152 Place, Miami, FL 33185

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Christopher P. LaRue

Typed or printed name of signee