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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
(2000			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

JUN; - 8 2009

EXAMINER

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SEURCTARY OF STATE
TALLAHASSEE FLORID

COVER LETTER

TO:

Registration Section

Division o	f Corporations	
SUBJECT:	Chris H	Hall Construction LLC
	Name of Limi	ted Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this ma	tter to the following:
	C	hristopher Hall
		Name of Person
	Chris H	lall Construction LLC
		Firm/Company
	22574	NW Tammy Lee Ln.
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Address
	Fo	untain, Fl. 32438
	C	ity/State and Zip Code
	Remail address: (to be used	ker@bellsouth.net for future annual report notification)
For further informat	tion concerning this matter, pleas	
	ristopher Hall	_at (850)272-6362
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$ 125.00 Filing Fo	ce \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Chris Hall Construction LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
22574 NW Tammy Lee Ln Fountain Fl. 32438	22574 NW Tammy Lee Ln. Fountain Fl.32438			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another			
The name and the Florida street address of the re				
Audrey Name	nall			
22574 NW Tam Florida street address (P.O.				
Fountain FI 32438 City, State, an	d Zip			
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	cocept 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 of the formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			
(CONTINI	See 2			

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Christopher Hall 22574 NW Tammy Lee Ln. Fountain, Fl. 32438
(Use attachment if necessary) TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
Filing Fees: \$125.00 Filing Fee for Articles of Organ	
of Registered Agent \$ 30.00 Certified Copy (Optional)	

\$ 5.00 Certificate of Status (Optional)