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TALLAHASSEF FLORING

S. HAWKES
FEB 2 6 7010
EXAMINED

S. HAWKES
FER 2 4 2018
EXAMINER

COVER LETTER

	on Section f Corporations	
SUBJECT:	Chri	stina Flames LLC.
	Name of Limit	ted Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:
	В	rad Thompson Name of Person
		Name of 1 cison
	CI	nristina Flames Firm/Company
		, ,
	3037 H	leather Glynn Drive
		erry, Florida 33860 ty/State and Zip Code
	bthom	pson@weberes.com
		for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
	ad Thompson ame of Person	at (863)224-4505 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
]\$125.00 Filing Fo	ee (7)\$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:		
	, , ,		14 6
	Christina Flam	nes II C	FERT
(Must end v	with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")	- B. N. F.
ADTICLE II A JJ			SSE
ARTICLE II - Address: The mailing address and		rincipal office of the Limited	Liability Commandis:
The maning address and	sireet address of the pr	morpar office of the Emilieu	SP. V.
Principal Office Addres	<u>ss:</u>	Mailing Address:	DE 3
3037 Heather Glynn Drive		3037 Heather Glynn Driv	ve
Mulberry, Florida 3386	<u>:0 </u>	Mulberry, Florida 33860	
business entity with an active Fl The name and the Florida			
	Name		
	3037 Heather	Glynn Drive	
-	Florida street address (P.O.	Box NOT acceptable)	
Mul	lberry, Florida 33860	_ FL	
	City, State, a	nd Zip	
liability company at to registered agent and agr statutes relating to the p	he place designated in t ee to act in this capacity proper and complete pe	accept service of process for the his certificate, I hereby accept y. I further agree to comply we have and I stered agent as provided for in a large (REQUIRED)	t the appointment as with the provisions of all I am familiar with and

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manage "MGRM" = Manage		Name and Address:	FILED B 25 A T
MGRM		Billy Watson	5: 53 F STATE
	-	654 Whisper Woods Drive	Sim W
		Lakeland, Florida 33813	
MGRM		Edwin Carlson	
	-	6300 Oakview Drive	
		Lakeland, Florida 33811	
MGRM		Christopher Eric Rusten	
	_	Christopher Eric Burton 7758 Nature Trail	
		Lakeland, Florida 33809	
		Lakeland, Florida 55005	
MGRM	_	Scott Puls	
		4138 Sunny Glen Drive	
		Lakeland, Florida 33813	
(Use attachment if	necessary)		
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