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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

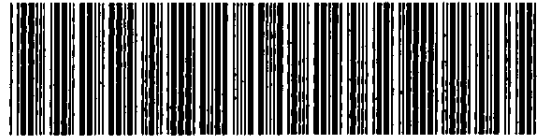
(Business Entity Name)

(Document Number)

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- sent*

S. HAWKES

MAY 13 2010

EXAMINER

*(W10) 19990*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2010

CHRISTOPHER R WAGNER  
4316 FAWN MEADOWS CIRCLE  
CLERMONT, FL 34711

SUBJECT: CHRISTOPHER R. WAGNER, LLC  
Ref. Number: W10000019990

We have received your document for CHRISTOPHER R. WAGNER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 510A00010155

April 16, 2010

To Whom it May Concern:

Please accept these documents for:

Christopher R. Wagner, LLC

4316 Fawn Meadows Circle

Clermont, FL 34711

407-445-7017

Thank you,

  
Christopher Wagner

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Christopher R. Wagner, 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:

Christopher R. Wagner

Name of Person

Christopher R. Wagner, LLC

Firm/Company

4316 Fawn Meadows Circle

Address

Clermont, FL 34711

City/State and Zip Code

amyswagner@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Wagner

Name of Person

at ( 407 )

445-7017

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
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:

Christopher R. Wagner, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

4316 Fawn Meadows Circle  
Clermont, FL 34711

#### Mailing Address:

4316 Fawn Meadows Circle  
Clermont, FL 34711

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Amy Wagner

Name

13506 Summerport Village Parkway, #351

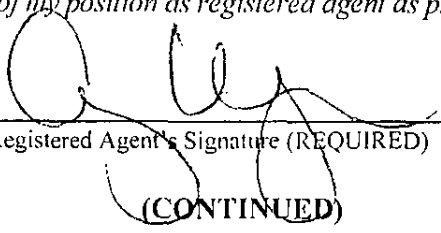
Florida street address (P.O. Box **NOT** acceptable)

Windermere

FL 34786

City, State, and 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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Christopher P. Wagner  
4316 Fawn Meadows Cr  
Clermont FL 34714

MGR

Amy Wagner  
4316 Fawn Meadows Cr  
Clermont FL 34714

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an 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. Wagner  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)