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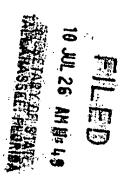
(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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D. BRUCE
JUL 27 2010
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Christian Recovery Service Legal Management Group LL	SUBJECT.	Christian F	Recovery	Service	Legal I	Manac	ement	Group	o LL	.C
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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:

Mark Dalen	
Name of Person	
Christian Recovery Service Legal Management Group LLC	
Firm/Company	
2192 Regents Blvd Suite 1	M 5
Address	
West Palm Beach, Fl 33409	26 ASS
City/State and Zip Code	25 →
markdalen@comcast.net	70 =
E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:	5

For fi

Mark Dalen Name of Person 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 Fcc. 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

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

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

<u>Title:</u>		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MGR		Mark Dalen	
WOIX		2192 Regents Blvd. Suite 1	
		West Palm Beach, FI 33409	
			•
			
			
/T.L 1	· C		
(Use attachment	ii necessary)		
ARTICLE V: Effective	date if other than the da	ite of filing:	(OPTIONAL)
		pecific and cannot be more than five l	` '
to or 90 days after the da		•	
·	3 /		
		•.	•
REQUIRED SI	GNATURE:	:	
	10		
	Max		
	Signature of a member of	or an authorized representative of a member	
	of this document constitut	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjur	
	that the facts stated herein		
	MARK	D.Alen	3 W
	Турес	l or printed name of signee	

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)