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EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJ	ест: <u>С<i>Н</i></u>	15+1AN Chamber Name of Limited	OF FLORIDA, LLC 1 Liability Company	
The en	closed Article	es of Organization and fee(s) are su	ubmitted for filing.	
Please	return all corr	respondence concerning this matter	r to the following:	
	_			
	<u>Jean</u>	ne M Sweener	/	<u>.</u>
		^	Name of Person	
	Chois-	tian Chamber o	A Flapina . IIC	
	<u> </u>	TOTI CHATTIDIFE D	A FLORIDA, LLC Firm/Company	
		-		
	46161	Mackinaw Aveni	ve	
			Address	
	11.01.	rr m	23GA2	
	NORTH	FT Myers, FL City	State and Zin Code	
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	Jean	ne S 201 @ A01. E-mail address: (to be used fo	or future annual report notification)	- 11 - 1
			SA	
		ion concerning this matter, please	in the	
		Clarky	at (239 910-7426 For Area Code & Daytime Telephone Number 2	望. 厂
<u> </u>	Parine No	ume of Person	Area Code & Daytime Telephone Number >	
	140	une of 1 orden	O _A	
Enclo	sed is a chec	k for the following amount:		
			Charge of Fig. 5. a. Charge of Fills	Г
X \$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy Certificate of St	
		Confined of States	(additional copy is enclosed) Certified Copy	
			(additional copy is	enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	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:
Christian Chamber of Florida, 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: Mailing Address:
Morth FT. Myers, 33903
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:
Jeanne M Sweeney Name
4616 MacKinaw Avenue Florida street address (P.O. Box NOT acceptable)
North FT. Muets, FL, 33903 SE STORES
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)

Page 1 of 2

(CONTINUED)

CTECTIVE DATE 01/31/11

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \(\frac{\int AN, 31, \particle 00}{\int} \). (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 discument constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeanne M. Sweeney

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)