

L11000086378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Page 2 of 2

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2011 JUL 26 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 27 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2011

CHRISTINE A BANCHI-RABIL
4910 TAMiami TRAIL N #310
NAPLES, FL 34103

SUBJECT: CHRISSY'S WILD LIFE LLC
Ref. Number: W11000034635

We have received your document for CHRISSY'S WILD LIFE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

PLEASE COMPLETE THE ATTACHED FORM FOR SIGNATURE.,

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) 245-6097.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 211A00015558

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrissy's Wild Life 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:

Christine A. Banchi - Rabil

Name of Person

Firm/Company

4910 Tamiami Trail N. #310

Address

Naples, FL 34103

City/State and Zip Code

Fadi.Rabil@gmail.com

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

For further information concerning this matter, please call:

Christine A. Banchi - Rabil at (239) 682-6616

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 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

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Freddie Rebel's Sports Ba

239-5971010

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COVER LETTER

ATTENTION
JERALINE

TO: Registration Section
Division of Corporations

SUBJECT: Chrissy's Wild Life 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:

Christine A. Bianchi - Rebel
Name of Person

Firm/Company

4910 Tamiami Trail N. #310
Address

Naples, FL 34103
City/State and Zip Code

CHRISTINEBIANCHI@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Bianchi Rebel at (239) 370-3158
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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Tallahassee, FL 32314

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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11 JUL 25 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chrissy's Wild Life 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:**4910 Tamiami Trail N. #310Naples, FL 34103**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:

Christine Bianchi-Rab 1

Name

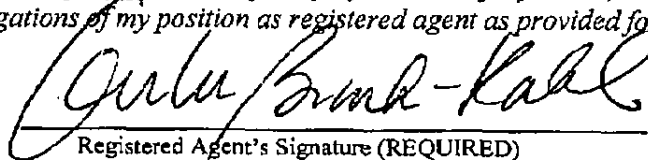
4910 Tamiami Trail N. #310Florida street address (P.O. Box NOT acceptable)Naples FL 34103

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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SECRETARY OF STATE
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:MGRChristine A. Bianchi-Rab
4910 Tamiami Trail N. # 310
Naples, FL 34103

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christine A. Bianchi-Rab
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)