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EXAMINER

COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: CHRISTOPHER AREY SECURITIES & HOLDINGS 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:

CHRISTO	OPHER AREY				
		Name of Person			
CHRISTO	OPHER AREY S	ECURITIES	& HOLE	DINGS LLC	
		Firm/Company		•	
2808 SW	33RD TERRACE		- ·- · · · · · · · · · · · · · · · · ·		
		Address		\$	
CAPE COF	RAL FL 33914			LLA	11 Q
	Cit	ty/State and Zip Code		IAS	
AREYNOR	WICH1@AOL.COM			73.5. 7.7.7.	7 8
	E-mail address: (to be used	for future annual repo	rt notification)		₹ F/.
For further information	concerning this matter, pleas	e call:		10.7 71.52	E (7)
MARSHA AREY		_ _{at (} 239)	549 1776	ATE ADA	7)
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registration of Clifton B	ourier Address on Section of Corporations uilding cutive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRISTOPHER AREY SECURITIES & HOLDINGS 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:			
2808 SW 33RD TERRACE CAPE CORAL FL 33914	2808 SW 33RD TERRACE CAPE CORAL FL 33914			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individual or another			
The name and the Florida street address of the registered agent are:				
CHRISTOPHER AREY				
Name				
2808 SW 33RD TERRACE Florida street address (P.O. Box NOT acceptable)				
Florida street addı	ress (P.O. Box NOT acceptable)			
CAPE CORAL	_{FL} 33914			
City, Star	te, 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 Agents Signature (REQUIRED

(CONTINUED)

REQUIRED SIGNATURE:

X

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 affective. 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.)

CHRISTOPHER AREY

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)