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SECRETARY OF STATE
AHASSEF FLORIDA

B. BOSTICK

AUG - 6 2012

EXAMINER

то:	Registration Division of C				
SUBJ	ECT: Chris	s & Bill Holding			
		Name of Limi	ted Liability Company		
The e	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	e return all corres	pondence concerning this ma	tter to the following:		
	Frank 1	Г. Pilotte, Esq.			
×		•	Name of Person		
	Murphy	Reid, LLP			
			Firm/Company		
	11300 l	J.S. Highway C	ne, Suite 401		
			Address		
	Palm Be	ach Gardens, Fl			
	f=! =44=@.		ty/State and Zip Code	FAS	-
	Tpilotte@i	murphyreid.com E-mail address: (to be used	for future annual report notification)	<b></b>	12 <u>**</u>
For fu	rther information	concerning this matter, pleas		HAS:	G -3
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Enclo	sed is a check f	or the following amount:		A	_
<b>▼</b> \$125.0	0 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Stat Certified Copy (additional copy is er	tus &
		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 Ci	ircle	

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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AIL			_		

The name of the Limited Liability Company is:

Chris & Bill Holdings, L.L.C

(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:** 

11300 U.S. Highway One, Suite 401 Palm Beach Gardens, FL 33401

11300 U.S. Highway One, Suite 401 Palm Beach Gardens, FL 33408

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 promother) business entity with an active Florida registration.)

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

Frank T. Pilotte, Esq.

Name

11300 U.S. Highway One, Suite 401

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

Palm Beach Gardens, FL\_33408

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..

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

MGRM	Christine Ternenyi 4822 Palo Verde Drive Boynton Beach, FL 33436
MGRM	William M. Weaver 24 Swallow Drive
	Boynton Beach, FL 33436
	SELX ALLA
	HASSER
	FLOR
(Use attachment if necessary)	DA O

**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.)

Frank T. Pilotte, Esq.

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)