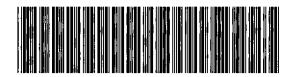
## L-140000 14770

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Cartificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA MIL JAN 23 PM IZ:

JAN 2 8 2013 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
Christina R. Green, Ilc
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:
Christina R. Green
Name of Person
Firm/Company
509 Plaza Seville Ct. #17
Address
Treasure Island, FL 33706
City/State and Zip Code
christina@christinargreen.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Green  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sim \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

hristina R. Green, LLC		
(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")	-
RTICLE II - Address:		
he mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
rincipal Office Address:	Mailing Address:	
09 Plaza Seville Ct. #17	509 Plaza Seville Ct. #17	
	509 Plaza Seville Ct. #17 Treasure Island, FL	_
reasure Island. FL 3706 RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivi	- - idual
easure Island. FL 8706 RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivigistration.)	- - idual
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivigistration.)	- - ídual
reasure Island. FL 3706  RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivigistration.) egistered agent are:	idual
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re Christina R. Green  509 Plaza Seville Ct. #17	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivigistration.) egistered agent are:	idual
RTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as nother business entity with an active Florida re the name and the Florida street address of the re Christina R. Green  509 Plaza Seville Ct. #17	Treasure Island, FL 33706  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an indivigistration.) egistered agent are:  Name	idual

any at his of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Christina R. Green
	509 Płaza Seville Ct. #17
	Treasure Island, FL 33706
<del></del>	
•	
EV: Effective date, if other than the	date of filing: (OPTIONAL)
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ctive date is listed, the date must be filling.)	
EV: Effective date, if other than the ctive date is listed, the date must be filling.)	
E V: Effective date, if other than the ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ctive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the crive date is listed, the date must be filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sec	a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must if filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmat I am aware that any fai	e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the crive date is listed, the date must if filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sec constitutes an affirmat I am aware that any fai	a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this documer on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 2014 JAN 23 PM 12: 19 SECRETARY OF STATE