

L14000029918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

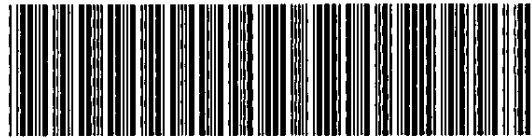
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FEB 21 2016
A. LUNT

Office Use Only



200256923752

200256923752
02/20/14--01009--025 **155.00

2014 FEB 20 AM 15:29 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399-0000

FILED

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 02/20/14

REF. #:

CORP. NAME: CHRISTOPHERSON FAMILY HOLDINGS, LLC

2014 FEB 20 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | <i>*Need ASAP *</i> | |

STATE FEES PREPAID WITH CHECK# 10000586 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CHRISTOPHERSON FAMILY HOLDINGS LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Christopherson Family Holdings LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

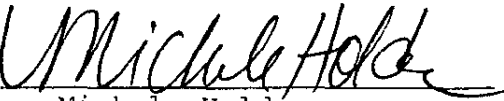
9380 Sunset Drive
B-240
Miami, Florida 33173

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

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 605, F.S.

NRAI Services, Inc., Registered Agent

By: 
Name: Michele Holden
Title: Assistance Secretary

2014 FEB 20 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV: - Management

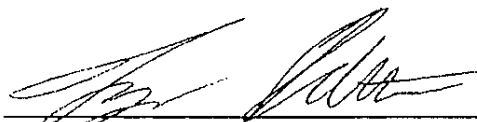
The name and address of each person authorized to manage and control the limited liability company is as follows:

AMBR David Christopherson
9380 Sunset Drive, B-240
Miami, Florida 33173

AMBR Wendy Christopherson
9380 Sunset Drive, B-240
Miami, Florida 33173

FILED
2014 FEB 20 AM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on February 20, 2014.



Tyson A. Patterson, authorized representative of a Member

(In accordance with section 605.0203(1)(b), 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 Section 817.155, Florida Statutes.)

Tyson A. Patterson

Typed or printed name of signee