

L14000029918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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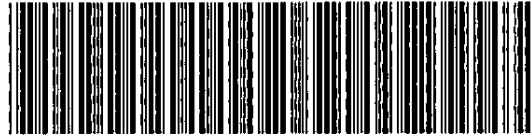
Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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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

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- |  |   |   |
|--|---|---|
| <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:

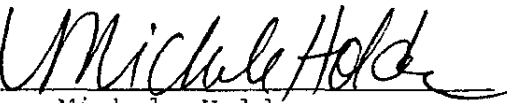
**9380 Sunset Drive  
B-240  
Miami, Florida 33173**

**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

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**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

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

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