

L140000040024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

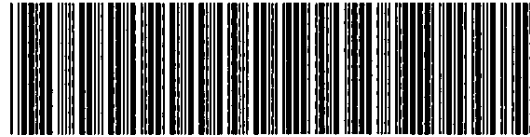
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300256907823

02/24/14--01019--017 **125.00

EFFECTIVE DATE
2-19-14

FILED
14 FEB 24 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2014

T. BROWN

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Christopher S. Page, 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:

Carol L. LeBeau
Name of Person

Carol L. LeBeau, PA
Firm/Company

4953 Castell Drive, Suite 200
Address

Naples, FL 34103
City/State and Zip Code

clltax1988@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol L. LeBEau at (239) 2623544
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CAROL L. LeBEAU, P.A.

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Christopher S. Page, LLC

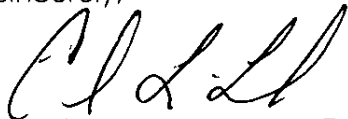
To whom it may concern:

Enclosed please find a copy of the notice I received regarding the documents for the above mentioned client as well as the corrected documents.

I have changed the date as required to complete this filing.

Should you need anything further please don't hesitate to contact me.

Sincerely,



Carol L. LeBeau, MAcc, EA

CLL/rkb

Enc.

RECEIVED
14 MAR -6 AM 10:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

CAROL L LEBEAU, PA
4953 CASTELL DR STE 200
NAPLES, FL 34103

SUBJECT: CHRISTOPHER S. PAGE, LLC
Ref. Number: W14000012215

We have received your document for CHRISTOPHER S. PAGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 24, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00004147

EFFECTIVE DATE
2-19-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Christopher S. Page, 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:

4953 Castello Drive, Suite 200
Naples, FL 34103

4953 Castello Drive, Suite 200
Naples, FL 34103

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 or another business entity with an active Florida registration.)

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

Carol L. LeBeau

Name

4953 Castello Drive, Suite 200

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

Naples,

City

FL 34103

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 FEB 24 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Christopher S. Page

313 Mel Jen Drive

Naples, FL 34105

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

2/19/14 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an 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 s.817.155, F.S.)

Christopher S. Page

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)