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SECRETARY OF STATE
FALL AHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Chrisso LLC		
Name of Li	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Jean P. Chrisso, MGR		
	Name of Person	
Chrisso LLC		
	Firm/Company	
18023 SW 87th Place	·	
	Address	
Palmetto Bay, FL 33157		
	City/State and Zip Code	
jochrisso@gmail.com E-mail address: (to be use	ed for future annual report notifica	ition)
For further information concerning this matter, ple	ease call:	
	305) 254-2590	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Chrisso LLC (Must end with the words "Limited	l Liability Company, "L.L.C.," or "L	
ARTICLE II - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
18023 SW 87th Place Palmetto Bay, FL 33157	18023 SW 87th Place Palmetto Bay, FL 33157	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designation.)	nte an individual or
Jean P. Chrisso		
Name	;	
18023 SW 87th Place Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
Palmetto Bay City	FL 33157 Zip	
Having been named as registered agent and to accept see the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob- Chap Registered Agent's Signal (CONTINUE)	of the appointment as registered agent of all statutes relating to the proper a ligations of my position as registered ater 605, F.S	and agree to act in this nd complete performance
		5

MGR" = Manager MGR Say Chrisso 18023 SW 87th Place Palmetto Bay, FL 33157 MCR Lea Library L	<u> Fitle:</u>	Name and Address:
Say Chrisso 18023 SW 87th Place Palmetto Bay, FL 33157 MCR Use attachment if necessary) V: Effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) VI: Other provisions, if any. 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 degument constitutes an affirmation under the penalizes of perjuny that the facts stated herein are frige. 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.) Jean P. Chrisso 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)	AMBR" = Authorized Member	
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Palmetto Bay, FL 33157 Palmetto Bay, FL 33157 Palmetto Bay, FL 331	MGR	Say Chrisso
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V: Effective date, if other than the date of filing:	TICK	Lean V.Chrisso
V: Effective date, if other than the date of filing:		18022 SW 87 DL
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