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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Do	cument Number)	
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AME TO YAM STEVERELL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CHRIS HOME REPAIRS 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:
DANIELLE LEWIS Name of Person
CHRIS HOME REPairs LLC Firm/Company
Firm/Company
4438 NORTH EAST 171ST TERRACE
SILVER SPRINGS FC. 34488 City/State and Zip Code
Juon lewis 198888 a mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DANIELE LEWIS at (352) 389-4519 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRIS HOME REPAIRS (Must end with the words "Limited Liability C	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: Mailin	g Address:
511VER Springs FU34488	51wer Springs PC 34488
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
CHRISTOPHER (euris_
H438 NORTH EAST 17 Florida street address (P.O. Box NOT acc	eptable)
Silver Springs Fl	24 4 8 8 Zip
Having been named as registered agent and to accept service of pro- the place designated in this certificate, I hereby accept the appoi- capacity. I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the obligations of Chapter 605, F.S.	ntment as registered agent and agree to act in this es relating to the proper and complete performance my position as registered agent as provided for in
Registered Agent's Signature (REQ)	
(CONTINUED)	AH 8: 22
Page 1 of 2	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
u MGR"-MANAGEK	DANIELLE LEWIS 4438 N.B. 1913 FERRACE Stiver Springs P. 34488
(Use attachment if necessary)	effiling: All A (OPTIONAL)
EV: Effective date, if other than the date of	of filing:
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) EVI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. AND REQUIRED SIGNATURE:	eific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ther or an authorized representative of a member. (0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true; ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ther or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document to the Department of State at a document to the Department of State (2)