

**L15000184249**

Florida Department of State  
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**To:**

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**From:**

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**FLORIDA LIMITED LIABILITY CO.  
CHRIS SASSER, LLC**

Certificate of Status	0
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Page Count	03
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15 OCT 30 PM 1:32

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Fax Audit No: (((H15000260031 3)))

**ARTICLES OF ORGANIZATION  
OF**

**CHRIS SASSER, LLC**  
a Florida Limited Liability Company

**ARTICLE I - NAME**

The name of the Limited Liability Company is CHRIS SASSER, LLC.

**ARTICLE II - ADDRESS**

The mailing address of the Company is: P. O. Box 15171, Panama City, FL 32406.  
The street address of the Company is: 201 E. 26th St., Apt. 1136, Lynn Haven, FL 32444.

**ARTICLE III - DURATION AND CONTINUATION**

The Company's existence will commence upon the filing of these Articles with the Florida Department of State, and the Company will exist perpetually, unless terminated in accordance with the Company's Operating Agreement.

**ARTICLE IV - PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE V - ADDITIONAL MEMBERS**

Additional members may be admitted and the terms and conditions of the admissions shall be that each member consents in writing to the admission of the additional member.

**ARTICLE VI - MEMBER'S RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the Company upon unanimous consent of the remaining members.

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**ARTICLE VII - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers for purposes of s. 605.0407. The name and address of the manager(s) is, as follows:

Stacey Chris Sasser, AMBR  
P. O. Box 15171  
Panama City, FL 32406

IN WITNESS THEREOF, we have set our hands and seals, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this 30th day of October, 2015.

(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.)

CHRIS SASSER, LLC



a Florida Limited Liability Company

By: Stacey Chris Sasser  
Stacey Chris Sasser, AMBR

STATE OF FLORIDA  
COUNTY OF BAY

BEFORE ME personally appeared Stacey Chris Sasser, who executed the foregoing Articles of Organization and acknowledged before me that the same were executed for the purposes and intents therein expressed.

WITNESS MY hand and official seal in the county and state named above this 30th day of October, 2015.

Michael Robinson  
Notary Public

MICHAEL ROBINSON  
Printed Name of Notary  
My Commission Expires: 5/19/18

Personally known      or produced identification ✓.  
Type of Identification produced FL DL.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISION OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Chris Sasser, LLC.
2. The name and the Florida street address of the registered agent is:

Stacey Chris Sasser  
201 E. 26th St., Apt 1136  
Lynn Haven, FL 32444

*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..*