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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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ALLAHASSEE, FLORDA
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July 15, 2019

CHRISTOPH'S HOUSE OF SCHTUFF, LLC 1271 S. KEENE RD. CLEARWATER, FL 33756

SUBJECT: CHRISTOPH'S HOUSE OF SCHTUFF, LLC

Ref. Number: W19000064853

We have received your document for CHRISTOPH'S HOUSE OF SCHTUFF, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The hand writing is not legible.

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) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 819A00014335

10/24/19

COVER LETTER

| | Filing Section on of Corporations | | |
|-------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SUBJECT: (| CHRISTORI'S HOW Name of Li | Se OF SCHULFF mited Liability Company | E, L.L.C. |
| The enclosed A | articles of Organization and fee(s) a | re submitted for filing. | |
| Please return al | d correspondence concerning this m | atter to the following: | |
| _ | CHOIS J | Doysdace Name of Person | |
| <u>C</u> | moistorn's How | Firm/Company | et, L.L.C. |
| | 1271 S. Keene | Address | |
| | DOYSBIALE @ CURI | City/State and Zip Code STDAYSDACE. COM d for future annual report notific | |
| For further infor | mation concerning this matter, pleas | ŕ | |
| Cur | | 777 1 443 - 67 Area Code Daytime Telepho | |
| Enclosed is a cl | heck 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 New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 | Street Address New Filing Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32. | nter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---------------------------------------------------------------------------------------------------------------------------|
| CHRISTOPH'S HOUSE OF SCHTUFF L.L.C. (Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.") |
| (Must contain 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: |

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:

Chors T Dryshace

Name

1271 S. Keene Pd.

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

Clarwaret Fe 33756

City State 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)

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| <u>Title;</u> "AMBR" = Authorized Member | Same and Address: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| "MGR" = Manager M G R | Cours J Drysbace 1211 S. Keevi ob Chancer Fr 33756 | |
| AMER | Sky E. Buss-Daylousec. 1271 S. Ketne up CLEMUMARYF, FC 33756 | |
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| (Use attachment if necessary) | alilic | |
| Note: If the date inserted in this block does not med | fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed: | |
| (If an effective date is listed, the date must be speci the date of filing.) | fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed: | |
| (If an effective date is listed, the date must be speci the date of filing.) Note: If the date inserted in this block does not mee the document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in | fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed: | |

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