

L190000299090

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H19000359225 3)))



H190003592253ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

19 DEC 13 PM 4:43  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

C RICO  
DEC 13 2019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Chris Soukas Furs LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

**Articles of Organization**  
*for*  
**Florida Limited Liability Company**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

**Chris Soukas Furs LLC**

**ARTICLE II PRINCIPAL OFFICE**

The mailing address and street address of the principal office is:

**1050 Point Seaside Drive, Crystal Beach, FL 34681**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

**Christopher Soukas**  
**1050 Point Seaside Drive, Crystal Beach, FL 34681**

**ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER**

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

**Christopher Soukas, Authorized Representative**  
**1050 Point Seaside Drive, Crystal Beach, FL 34681**

**December 12, 2019**

*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..*

**s/ Christopher Soukas**  
**Christopher Soukas**  
**Registered Agent**

*This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.*

**s/ Christopher Soukas**  
**Christopher Soukas**  
**Authorized Representative**

19 DEC 13 PM 4:43

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA