

**Florida Department of State**  
 Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
CHRIS PERKINS ENTERPRISES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED

2020 JUN 16 PM 1:59

FALLA, J. 11/10/15

2020 JUN 16 PM 1:54

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

**CHRIS PERKINS ENTERPRISES LLC**

(Must end with 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:

**1455 N TREASURE DR APT 7K  
NORTH BAY VILLAGE 33141, FL**

**1455 N TREASURE DR APT 7K  
NORTH BAY VILLAGE 33141, FL**

### 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:

**CHRIS PERKINS**

Name

**1455 N TREASURE DR APT 7K**

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

**NORTH BAY VILLAGE 33141, FL**

City, State, and 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 the 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 608, F.S..

X

  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

**MGRM****CHRIS PERKINS****1455 N TREASURE DR APT 7K NORTH BAY VILLAGE  
FL, 33141,**

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: Monday, June 15, 2020. (OPTIONAL)**

(if an effective date is listed, the date must be specific and cannot be more than five business day prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

X



Signature of a member or an authorized representative of a member.


(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CHRIS PERKINS**

Typed or printed name of signee

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this Monday, June 15, 2020, CHRIS PERKINS the Member, who produced a Chilean passport no. and who did take an oath.

  
Idalmis Rodriguez, Notary Public  
State of Florida at Large