

# L210000101274

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

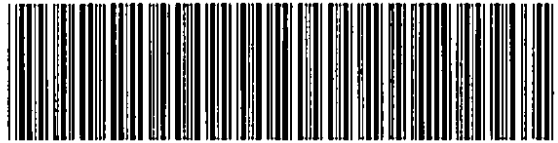
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Chriss Creations 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:

Sean C Adams

Name of Person

Chriss Creations LLC

Firm/Company

250 SW 3rd Street

Address

Cape Coral, Florida 33991

City/State and Zip Code

ashadams414@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean C Adams

386

2831900

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

STATE  
TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

President

Sean C Adams  
250 SW 3rd Street  
Cape Coral, Florida 339901

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 19, 2012. (OPTIONAL)

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Sean C Adams

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

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.

Sean C Adams

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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FALLA ASSOCIATES, PLLC  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chriss Creations LLC

(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:

250 SW 3rd Street  
Cape Coral, Florida 33991

Mailing Address:

250 SW 3rd Street  
Cape Coral, Florida 33991

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:

Sean C Adams  
Name

250 SW 3rd Street  
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral Florida 33991  
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Sean Adams  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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