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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925

Fax Number : (941)625-1526

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

Email Address: Chrisdixon@chrisdixonstudios.com

FLORIDA LIMITED LIABILITY CO.

Chris Dixon, LLC

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Help

S. CHATHAM

JAN 27 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		XON, LLC			
(Must contain	the words "Limited Liabi	lity Company, "L.I	C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street addr	ress of the principal office	of the Limited Lial	oility Company is:		
Principal	Office Address:		Mailing Address:		
19190 COCHR	AN BLVD UNIT 380173	1919	19190 COCHRAN BLVD UNIT 380173		
		1/1/			
PORT CHARLS ARTICLE III - Registered Agent The Limited Liability Company ca	OTTE, FL 33948 , Registered Office, & Rennot serve as its own Regis	POR	T CHARLOTTE, FL 33948		
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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)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	CUBICTORNER LEE DIVON
AMUK	CHRISTOPHER LEE DIXON 19190 COCHRAN BLVD UNIT 380173
	PORT CHARLOTTE, FL 33948
AMBR	JANETTE MAE DILLOMES-DIXON
	19190 COCHRAN BLVD UNIT 380173
	PORT CHARLOTTE, FL 33948
<u>MGR</u>	JOSEPH JAMES DIXON
	19190 COCHRAN BLVD UNIT 380173
	PORT CHARLOTTE, FL 33948
MGR	AVEL MATHABIEL DIVLONES
WUK	AXEL NATHANIEI, DILLOMES 19190 COCHRAN BLVD UNIT 380173
	PORT CHARLOTTE, FL 33948
	Total Grand Plant
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and	d 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 ap	phicable 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.	
ANY AND ALL LAWFUI. BUSINESS	
THE TEST TOO DESIGNED.	
REQUIRED SIGNATURE:	the State of the s
Signature of a member or	an authorized representative of a member.

CHRISTOPHER LEE DIXON

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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)