

1/26/22, 3:05 PM

Division of Corporations

L22000029530

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.

(((H22000034336 3)))



H220000343363ABCX

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

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

SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

22 JAN 26 AM 5:26

FILED

FLORIDA LIMITED LIABILITY CO.

Chris Dixon, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 JAN 26 PM 4:03

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

JAN 27 2022

FILED
22 JAN 26 AM 5:26
SECRETARY OF STATE
TELEGRAPHIC. 100101

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

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

MGR

JOSEPH JAMES DIXON

19190 COCHRAN BLVD UNIT 380173

PORT CHARLOTTE, FL 33948

MGR

AXEL NATHANIEL DILLOMES

19190 COCHRAN BLVD UNIT 380173

PORT CHARLOTTE, FL 33948

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:


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.

CHRISTOPHER LEE DIXON

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)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

22 JAN 26 AM 5:27

FILED