

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L24000398422
FILED 8:00 AM
September 09, 2024
Sec. Of State
wlawrence**

Article I

The name of the Limited Liability Company is:
CHRISNET INSURANCE AGENCY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1598 SW 193RD TERRACE
PEMBROKE PINES, FL. US 33029

The mailing address of the Limited Liability Company is:
1598 SW 193RD TERRACE
PEMBROKE PINES, FL. US 33029

Article III

The name and Florida street address of the registered agent is:
KENOL ARIS DR.
1598 SW 193 TERRACE
PEMBROKE PINES, FL. 33029

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.

Registered Agent Signature: KENOL ARIS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
KENOL ARIS DR.
1598 SW 193RD TERRACE
PEMBROKE PINES, FL. 33029 US

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Signature of member or an authorized representative

Electronic Signature: KENOL ARIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L24000 398422

SEPTEMBER 16, 2024

TO THE FLORIDA DEPARTMENT OF STATE

RE: AFFIDAVIT

I, KENOL ARIS, PRESIDENT OF CHRISNET INSURANCE AGENCY INC (P24000056806), RECENTLY DISSOLVED, AFFIRM THAT I HAVE NO INTENTION OF REVOKING THE DISSOLUTION. THEREFORE, I RELEASE THE NAME FOR USE BY ANOTHER ENTITY IMMEDIATELY. AS A MATTER OF FACT, I AM IN THE PROCESS OF CREATING A NEW ENTITY, CHRISNET INSURANCE AGENCY LLC (W24000128762, TRACKING NUMBER: 700436229467).

KIND REGARDS!



KENOL ARIS

1598 SW 193rd TERRACE, PEMBROKE PINES, FL 33029

(954) 558-2244

L24000398422

FLORIDA INDIVIDUAL ACKNOWLEDGMENT
F.S. 117.05(13)

State of Florida

County of Broward }

The foregoing instrument was acknowledged before
me by means of

☒ Physical Presence.

— OR —

☐ Online Notarization.

this 16th day of September, 2024, by
Date Month Year

Menel Aris
Name of Person Acknowledging

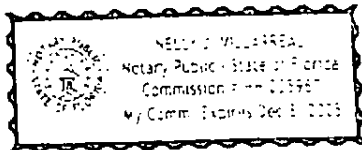
[Signature]
Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

☐ Personally known

☒ Produced Identification

Type of Identification Produced: Florida
Driver License



Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Letter — Florida Apartment #

Document Date: 09/16/2024 Number of Pages: 2 Pages

Signer(s) Other Than Named Above: me
