

H020000000060

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

## 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.**

(((H020000056174)))

**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) 205-0383

## From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A. (WES  
Account Number : I19990000272  
Phone : (561) 838-4510  
Fax Number : (561) 514-3410

AL

## FOREIGN LIMITED LIABILITY COMPANY

Christian Family Enterprise, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN -8

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN -8 PM 12:53

H020000056174

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Christian Family Enterprises, LLC  
(Name of foreign limited liability company)
2. Montana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. Applied For  
(FBI number, if applicable)
4. January 2, 2002  
(Date of Organization)
5. January 2, 2032  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Approval of Application  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 310 W. Spruce  
Missoula, MT 59802  
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:  
Barbara A. Christian, 310 W. Spruce, Missoula, MT 59802
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language translation of the certificate under oath of the translator must be submitted)
11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

## Business Investments

Barbara A. Christen

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes  
an affirmation under the penalties of perjury that the facts stated herein are true.)

Barbara A. Christian, Member

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN -8

H020000056174

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Christian Family Enterprises, LLC

2. The name and the Florida street address of the registered agent and office are:

George D. Lewis

(Name)

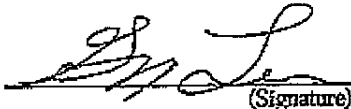
2090 Starlight Landing

Florida street address (P.O. Box NOT ACCEPTABLE)

Fort Lauderdale FL 33312

(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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

H020000056174

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN -8

Certificate of Existence

Page 1 of 1

H020000056174

ec113319mifa02003152120751800

## SECRETARY OF STATE STATE OF MONTANA

### CERTIFICATE OF EXISTENCE

I, Bob Brown, Secretary of State of the State of Montana, do hereby certify that

**CHRISTIAN FAMILY ENTERPRISES, LLC**

duly filed its Articles of Organization in this office on 2 January 2002, and on that date was created a limited liability company.

I further certify that all taxes, fees and penalties owed to this state have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 4 January 2002.

*Bob Brown*

BOB BROWN  
Secretary of State

Certified File Number: C113319

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H020000056174