

L15000092489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

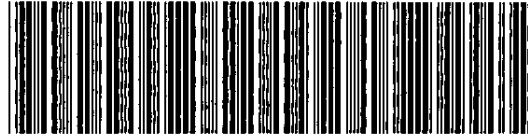
(Business Entity Name)

(Document Number)

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05/26/15--01033--020 **160.00

FILED
15 MAY 26 PM 4:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

5:00 PM MAY 27 2015

From the Law Offices of
Paul Terrence O'Grady

208 Buxton Road
Falls Church, VA 22046

703-534-5744
ogradypt@aol.com

Memorandum

To: Registration Section
Division of Corporations

Re: CK Sanibel, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence to the following:

Paul Terrence O'Grady

208 Buxton Rd.

Falls Church, VA 22046


ogradypt@aol.com

For further information concerning this matter please call:

Paul Terrence O'Grady at 703-534-5744

Enclosed is a check in the amount of \$160.00---Filing Fee. Certificate of Status and certified copy (addition copy is enclosed).

Thank you.



Paul Terrence O'Grady

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

CK Sanibel, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

122 Stevens St.
N. Andover, MA 01845

Mailing address:

122 Stevens St.
N. Andover, MA 01845


ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

<u>InCorp Services, Inc.</u>		
Name		
<u>17888 67th Court North</u>		
Florida Street Address		
<u>Loxahatchee,</u>	<u>FL</u>	<u>33470</u>
City	State	Zip

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15 MAY 26 PM 1:59
OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

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 605, F.S.

 on behalf of InCorp Services, Inc.
Registered Agent's Signature

ARTICLE IV-

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

Title:

Name and Address:

MGR, AMBR

John J. Ronayne
122 Stevens St.
N. Andover, MA 01845


MGR, AMBR

Kevin B. McLellan
158 Dale St.
N. Andover, MA 01845

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15 MAY 26 PM 4: 59
TALLAHASSEE FLORIDA

ARTICLE V: No other provisions

REQUIRED SIGNATURE:

 *(authorized representative of John J. Ronayne)*
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Paul Terrence O'Grady
Typed or printed name of signee