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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Call when reach	
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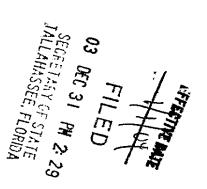
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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Chukes Kepa	ik Services UC mited Liability Company)
(Name of Li	mited Liability Company)
	mited Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	道は
Harold Chukes (Name of Person)	
(Name of Person)	
Chukes Lepair Ser	lvices_
4253 Geathatt Rd.	
Tallahassee, Fl 323. (City/State and Zip Code)	2
For further information concerning this matter, pleas	e call:
Havold Chukes (Name of Person)	at (850) 562-1812 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Chukes Repair Services UC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

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

Tallaha SSEE FL 32303

City, State, and 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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) of The name and address of each	r Managing Member(s): Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Havold Chukes 4253 Gearhart ed Tallahassee, FG 32303
	SECRETARY OF TALLAHASSEE
	FLORIDA
(Use attachment if necessary)	
	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	Altik 5 effectivedate 1-1-04
74	well chipes
Signature of	a member or an authorized representative of a member.
of this document of the facts	the with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.)
A	avold Chukes
	Typed or printed name of signee

Page 2 of 2

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)