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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: CK ENTERPRISES LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and sec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLENE C. LALCHAN-KUTZAN

(Name of Person)

CK ENTERPRISES

(Firm/Company)

1246 HIGHWOOD PLACE

(Address)

WESLEY CHAPEL, FL 33543

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLENE C. LALCHAN-KUTZAN

(Name of Person)

at (813) 907-0308

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahasssee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CK ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

1246 HIGHWOOD PLACE

WESLEY CHAPEL, FL 33543

Mailing Address:

1246 HIGHWOOD PLACE

WESLEY CHAPEL, FL 33543

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

CHARLENE C. LALCHAN-KUTZAN

Name

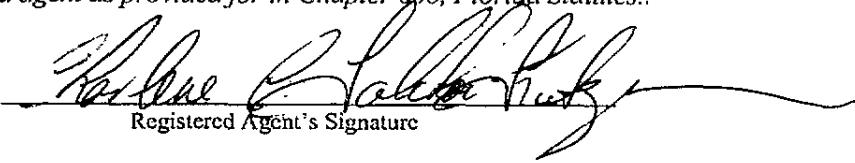
1246 HIGHWOOD PLACE

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

WESLEY CHAPEL, FL 33543 FLORIDA

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 698, Florida Statutes..


Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

OWNER/MGR

CHARLENE C. LALCHAN-KUTZAN

1246 HIGHWOOD PLACE

WESLEY CHAPEL, FL 33543

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)

CHARLENE C. LALCHAN-KUTZAN

Typed or printed name of signee

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)