

L64000060505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

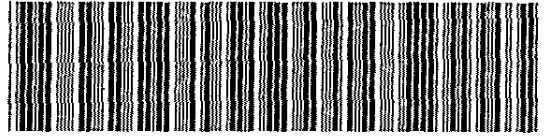
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300039723353

08/16/04--01013--014 **125.00

04 AUG 16 PM 3:10
DIVISION OF REVENUE

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: C.K.S., LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Neika Cash Taylor, Organizer
(Name of Person)

Select Services, Inc and John A. McCole, CPA
(Firm/Company)

Post Office Box 805
(Address)

Salisbury, NC 28145-0905
(City/State and Zip Code)

For further information concerning this matter, please call:

Neika Cash Taylor, Organizer at (800) 647-0027
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

04 AUG 16 PM 3:10
SELECTED BY THE
DIVISION OF CORPORATIONS

C.K.S., LLC

20-1117272

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.K.S., LLC

ARTICLE II - Address:

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

Principal Office Address:

C.K.S., LLC

1337 High Plains Drive West

Jacksonville, FL 32218

Mailing Address:

C.K.S., LLC

1337 High Plain Drive West

Jacksonville, FL 32218

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

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

Kenneth Albert Stoney, Jr., President

Name

1337 High Plains Drive West

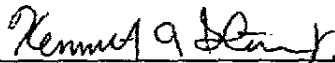
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA 32218

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, Florida Statutes..



Registered Agent's Signature

04 AUG 16 PM 3:10

SECRETARY OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kenneth Albert Stoney, Jr.
1337 High Plains Drive West
Jacksonville, FL 32218

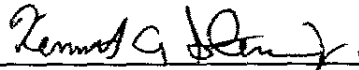
MGRM

Kenneth Albert Stoney, Jr.
1337 High Plains Drive West
Jacksonville, FL 32218

(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.)

Kenneth Albert Stoney, Jr., President

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)

04 AUG 16 PM 3:10

SECTION 608.408(3)
DIVISION OF OFFICE SERVICES