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(Re	equestor's Name)	* *****	
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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#### TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Corkkerry	/, LLC (Name of Limited	d Liability Company)		
The enclosed Articles of	f Organization and fec(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Kieran O				
	(1	Name of Person)		
Corkkerry	_			
	(1	Firm/Company)		
c/o Peggy L	ltech 400 Dove Lane			
		(Address)		
Satell	ite Beach, FL 32937			
	(City/	State and Zip Code)	<del></del>	
For further information	concerning this matter, please	cail:		
Peggy Utech (Name	of Person)	at (321)749-39 (Area Code & Daytime To	65 Elephone Number)	en e
Enclosed is a check for	r the following amount:		77. 1 - 17. 17. <sub>21</sub> .	, d
3 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Staffs & Certified Copy (additional copy is enclosed)	10 2 2 3

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

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

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lin  Principal Office Address:  Mailing Address:  400 Dove Lane  Satellite Beach, FL 32937  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  The name and the Florida street address of the registered agent are:  Kieran O'Shea  Name				
The mailing address and street address of the principal office of the Limited Lin  Principal Office Address:  Mailing Address:  400 Dove Lane Satellite Beach, FL 32937  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  The name and the Florida street address of the registered agent are:  Kieran O'Shea				
400 Dove Lane Satellite Beach, FL 32937  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's The name and the Florida street address of the registered agent are:  Kieran O'Shea		Compa	ny is:	
Satellite Beach, FL 32937  Satellite Beach, FL 32937  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's The name and the Florida street address of the registered agent are:  Kieran O'Shea	Address: Mailing Address:			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's The name and the Florida street address of the registered agent are:  Kieran O'Shea	400 Dove Lane			
The name and the Florida street address of the registered agent are:  Kieran O'Shea	32937 Satellite Beach, FL 32937			
The name and the Florida street address of the registered agent are:  Kieran O'Shea				
Kieran O'Shea	Registered Agent, Registered Office, & Registered Agent's Signat	ure:		
Kieran O'Shea	Florida street address of the registered agent are:			
	Tiorida sireet address of the registered agent are.		3.5	
Name	2	<del></del> ;	· · ,	
	Kieran O'Shea	(; = <sup>1</sup>		_
c/o Peggy Utech 400 Dove Lane	Kieran O'Shea Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	÷ ~4	
Florida street address (P.O. Box NOT acceptable)	Name C/o Peggy Utech 400 Dove Lane		:-{ 	7
Satellite Beach, FL 32937	Name  c/o Peggy Utech 400 Dove Lane  Florida street address (P.O. Box NOT acceptable)			
City, State, and Zip	Name  c/o Peggy Utech 400 Dove Lane  Florida street address (P.O. Box NOT acceptable)  Satellite Beach, FL 32937  FI		E7 F# 2:	<u>;</u>
Having been named as registered agent and to accept service of process for the	Name  c/o Peggy Utech 400 Dove Lane  Florida street address (P.O. Box NOT acceptable)  Satellite Beach, FL 32937  FL		E-7 FB 2:01	

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

10-21-04

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

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

Title: "MGR" = Mana "MGRM" = Ma	Name and Address: ager anaging Member			
MGRM	Kieran O'Shea			
	15 The Hermitage			
	Macroom Cork Ireland			
MGRM	Annette O'Donovan			
	15 The Hermitage			
	Macroom Cork Ireland			
		<del></del>		
		<del></del>		
(Use attachmen	t if necessary)			
NOTE: An ad	ditional article must be added if an effective date is requested	ı.		
REQUIRED S	IGNATURE:			
	Mean O'Shea.			
	Signature of a member or an authorized representative of a member.	921		
	(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.)	WASSEE FLOAD	7	
	Kieran O'Shea	<b>≘</b>	ďΣ	
	Typed or printed name of signee	Qi.	٠, ت	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Corkkerry, LLC

## Article V

The effective date is to be October 21, 2004.