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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : THOMAS M. CLARK, P.A.
Account Number : 072100000445
Phone : (954) 776-3800
Fax Number : (954) 776-3825

MJH

DIVISION OF CORPORATION

04 DEC -8 PM 4: 05

RECEIVED

LIMITED LIABILITY COMPANY

CJK, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

STATE OF FLORIDA

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**ARTICLES OF ORGANIZATION
OF
CJK, LLC**

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04 DEC -8 PM 5:18
STATE
TALLAHASSEE FLORIDA

ARTICLE ONE

The name of this limited liability company shall be CJK, LLC.

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The street address of the principal office of this limited liability company and the mailing address of this limited liability company shall be 3020 NE 39th Street, Fort Lauderdale, Florida 33308. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, ~~Florida~~ Fort Lauderdale, Florida 33308.

Fort

ARTICLE FIVE

This limited liability company has three (3) members and the total amount of cash required to be contributed shall be \$100.00. As of the date hereof, there shall be no property other than cash contributed.

ARTICLE SIX

There shall be no additional contributions required to be made by the members.

ARTICLE SEVEN

There shall be no additional members of this limited liability company, except as provided by Amendment to these Articles of Organization.

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ARTICLE EIGHT

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE NINE

This limited liability company shall be managed by two (2) managers, Caryl J. Sorensen and Joseph Castellano. The names and addresses of the members of this limited liability company are as follows:

Caryl J. Sorensen
3020 NE 39th Street
Fort Lauderdale, FL 33308

Joseph Castellano
2161 NE 64th Street
Fort Lauderdale, FL 33308

Kevin Sorensen
4631 NE 3rd Terrace
Fort Lauderdale, FL 33334

ARTICLE TEN

The members of this limited liability company shall own the following percentage of interest therein: Caryl J. Sorensen - 45%; Joseph Castellano - 50%; and Kevin Sorensen - 5%. The members shall contribute the following percentage of the cash contribution set forth hereinabove: Caryl J. Sorensen - 100%.

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has executed these Articles of Organization on the 8th day of December, 2004.


THOMAS M. CLARK

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STATE OF FLORIDA)

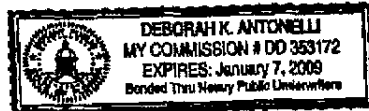
COUNTY OF BROWARD)

BEFORE ME, personally appeared THOMAS M. CLARK, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 8th day of December, 2004.

Deborah K. Antonelli
NOTARY PUBLIC

My Commission Expires:
(Notarial Seal)



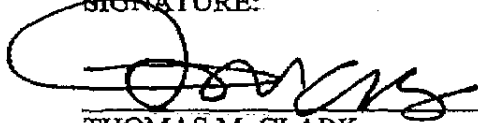
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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED:

FIRST THAT CJK, LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF
THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY
OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED THOMAS M. CLARK, AT
2400 EAST COMMERCIAL BOULEVARD, SUITE 820, FORT LAUDERDALE, FLORIDA,
33308, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:



THOMAS M. CLARK

Title: Authorized Representative of Members

DATE: December 8, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER
ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE


THOMAS M. CLARK, REGISTERED AGENT

DATE: DECEMBER 8, 2004

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