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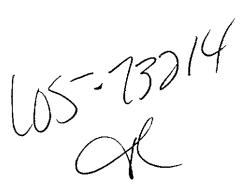
(Requestor's Name)		
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PICK-UP WAIT MAIL		
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TRANSMITTAL LETTER

Registration Section Division of Corporations	e e e e e e e e e e e e e e e e e e e
SUBJECT: C AND K ENTERPRISES LLC. (Name of Lim	ited Liability Company)
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
CARMELOT D. FORTUNE	(Name of Person)
	(Name of reison)
C AND K ENTERPRISES LLC.	
	(Firm/Company)
1005 S CONGRESS AVE STE 110	·
	(Address)
DELRAY BEACH, FLORIDA 3	33445 City/State and Zip Code)
For further information concerning this matter, plea	
CARMELOT D. FORTUNE	at (954) 254-0725
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy) senciosed
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	y is:
C AND K ENTERPRISES LLC.	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1005 S CONGRESS AVE, SUITE 110	SAME
DELRAY BEACH, FL 33445	SAME
	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Regist	ered Office, & Registered Agent's Signature:
The name and the Florida street address of	the registered agent are:
KERVENS JEAN-FRANC	
	lame
1005 S CONGRESS AVE	SUITE 110
	et address (P.O. Box NOT acceptable)
DELRAY BEACH	_{FL} 33445
City, So	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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	CARMELOT D. FORTUNE
	5205 SW 38 WAY
	FORT LAUDERDALE FL 33312
MGRM	KERVENS JEAN-FRANCOIS
	2127 SW 13 STREET
	DELRAY BEACH, FL 33445
	
(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.)

CARMELOT D. FORTUNE

Typed or printed name of signee

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)