

Division of Corporations Public Access System

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(((H06000094923 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

Prom:

Account Name : LITTMAN, SHERLOCK & HEIMS, INC.

Account Number : 119980000097 Phone (772) 287-0200 : (772)283-1010 Fax Number

E L	IDA/FOREIGN LIMITED LIABILITY CO		
CORP	CK GROUI	, mc.	
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>	Estimated Charge	\$125.00	

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MINIMASKE FLORING.

Fax Audit No. H06000094923 3 Prepared by Virginia P. Sherlook, Esq. Fla. Bar No. 893544 P.O. Box 1197 Stuart, Fl. 34995

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CK GROUP, L.L.C.

ARTICLE II - Address:

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

Principal Office Address

Mailing Address

2385 SE Dixic Highway Stuart, FL 34996 2385 SE Dixie Highway Stuart, FL 34996

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

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

Patrick L. Connolly 2385 SE Dixie Highway Stuart, FL 34996

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, F.S.

Registered Agent's Signature

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FROM !LITTMAN, SHERLOCK&HEIMS, PA

FAX NO. :772 283 1010

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Fax Audit No. H06000094923 3 Prepared by Virginia P. Sherlock, Esq. Fla. Bar No. 893544 P.O. Box 1197 Stuart, FL 34995

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

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

Title:

Name and Address:

"MGR" - Manager

"MGRM" = Managing Member

MGRM

Krzysztof Kowalski 2503 NE Roberta Street Stuart, FL 34957

MGRM

Patrick L. Connolly 3260 SE Aster Lane, Apt. I-241 Stuart, FI. 34994

REQUIRED SIGNATURE:

Signature of Member of Authorized Representative

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

Krzysztof Kowalski

Typed or printed name of signee

Patrick L. Connolly

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)

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