Dams94219

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



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09/25/06--01024--016 **125.00

COVER LETTER

TO: Registration Division of C				
SUBJECT: CDK	nvestments, LLC			
	(Name of Limite	ed Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corre	spondence concerning this matter	er to the following:		
Carolyn M	lack-Moses			
		Name of Person)		
CDK Inve	stments, LLC			
		(Firm/Company)	* *	
47 Tara l	akes Drive East			~
(Address)		90 6		
Boynton	Beach, FL 33436			2006 SEP 2 5
	(City	/State and Zip Code)		3
For further informatio	n concerning this matter, please	call:		2006 SEP 2 5 PH 3:
Carolyn Mack-N		at (561) 733-785		5 \$
(Nan	ne of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check	for the following amount:			
✓ \$125.00 Filing Fee	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

CDK Investments (Must end with the wo		, "Limited Company" or their abbreviation "LLC," or "L	.C.,'')	
		,		
The mailing addr		the principal office of the Limited Liabilit	v Company	v ic.
The manning addi	ess and succeaddless of	the principal office of the Limited Liability	y Company	y 15.
Principal Office Address:		Mailing Address:	•	
47 Tara Lakes Drive	Fast	47 Tara Lakes Drive East		
Boynton Beach, FL		Boynton Beach, FL 33436		
			····	
(The Limited Liability business entity with a The name and the	Company cannot serve as its own active Florida registration.) Florida street address of Carolyn Mack-Moses	of the registered agent are:	25	SECRETARY C
	Name		P	255 525 527
	47 Tara Lakes Drive	East	ယ္	IAI HAI
	Florida st	reet address (P.O. Box NOT acceptable)	1 3	표.
	Boynton Beach,	FL 33436		
	City,	State, and Zip		
liability comp registered agent	oany at the place designat and agree to act in this c	and to accept service of process for the above ted in this certificate, I hereby accept the app apacity. I further agree to comply with the p lete performance of my duties, and I am fam	pointment a provisions o	s of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as 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:

<u>Title:</u> "MGR" = Manag "MGRM" = Man		
MGR	Carolyn Mack-Moses	
	47 Tara Lakes Drive East	
	Boynton Beach, FL 33436	
MGRM	Darien Moses	
	47 Tara Lakes Drive East	
	Boynton Beach, FL 33436	
MGRM	Kevin Moses	
4,2,4,	47 Tara Lakes Drive East	· · · · · · · · · · · · · · · · · · ·
	Boynton Beach, FL 33436	
MGRM	Soloman Mack, Jr.	
-	47 Tara Lakes Drive East	
	Boynton Beach, FL 33436	
	date, if other than the date of filing: (etd., the date must be specific and cannot be more than five bu	OPTIONAL) isiness days prior
<u>REQUIRED</u> SIG	GNATURE:	
	Signature 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.)	DIVISION OF 2006 SEP 2:
	Carolyn Mack-Moses	9 38 (
	Typed or printed name of signee	い。北京

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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