L0700013500

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Α .					
AN					

Office Use Only



800087116758

02/06/07--01030--017 **155.00

2601

OTFEB-6 PHIZ: OT

OT FEB -6 PM 12: 09
SECTION OF STATE
SEC

COVER LETTER

	gistration S vision of Co				
SUBJECT		CKY Home T (Name of Limite	MPRAVE ed Liability Compa	5 m 5√7 any)	
The enclose	d Articles o	of Organization and fee(s) are s	submitted for filing	<u>;</u> .	
Please retur	n all corres _l	pondence concerning this matte	er to the following	:	
		ER,C	BINDER		
		and the same state of the same	Name of Person)	-,, -	
	<u>-</u>	Lucky tho	nE Imi	VENE	MENT
•		·	(c		
		1070 Bosn	N Ho.	NNAN	
			(Address)	,	
	·	MONTICELL (City	OFI	- 32	344
		City	/State and Zip Code,) 	
For further in	nformation	concerning this matter, please	call:	•	
FR	i E	MAEN	ATO .	210-	1868
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)
Enclosed is	a check fo	or the following amount:			
□ \$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is		Signature 160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporation	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

1070 BOSTON HIGHWAY	
10.10 BOSION [[[GARNAV]	
MONTROSILO FL 32344 SAME	_
	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

/// BBSTON #15#WTY

Florida street address (P.O. Box NOT acceptable)

MyNTOFILO FL 32344 City, State, and Zip

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 (REQUIRED)

(CONTINUED) Page 1 of 2 O7 FEB -6 PM 12: 09

SECRETARY OF STATE
AND AHASSEF FI ORIDA

EFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Membe	er(s):
--	------	----

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	ERIC BINDEN 1070 BOSTON HIGHWAY MONTICELO, FLBREY
·	
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
(If an effective date is listed, the date must be sto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of	ate of filing:
William	d or printed name of signee
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation ARY OF SI