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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
LLC		

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COVER LETTER

Division of Corporations
SUBJECT: RICARDO CHIOK LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICARDO CHIOK (Name of Person)
(Name of Person)
(Firm/Company)
14004 ISLAND BAY DR APT 201 (Address)
ORLANDO, FL, 32828 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RICARDO CHTOK at () 407 692 2331 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\bigsize \$\sum \text{\$\sum \text{\$\sin \text{\$\
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	\mathbf{F}	I _ I	Νa	me

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:

Principal Office Address:

Mailing Address:

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:

14004 ISLAND BAY DR APT 201
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FL 32828
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..

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	RICARDO CHIOK 14004 ISLANDBAYDR APT 2 ORLANDO, FL, 32828
ffective date is listed, the date m	an the date of filing: 06-13-2007. (OPTION ust be specific and cannot be more than five business da
days after the date of filing.)	
REQUIRED SIGNATURE:	0/11/
	nember of an authorized representative of a member.

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)