## L07000071309

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE ALLAHASSEE, FLORINA

FILED A

## **COVER LETTER**

TO:

Registration Section

	Division of Co	porations					
SUBJE	cr. C&K	INVESTMENT_LLC.					
5000		(Name of Limited	d Liability C	ompany)			•
The enc	losed Articles of	f Organization and fee(s) are st	abmitted for	filing.			
Please re	eturn all corresp	ondence concerning this matte	r to the follo	wing:			
	C	Slifton C. Kim					
		Q	Name of Perso	n)			
	C&K	Investment LLC.					
-		(	Firm/Compan	y) =			-
	13903 0	Dberlin Manor Way			<b>5</b>	. ~	
_	<del></del>	· · · · · · · · · · · · · · · · · · ·	(Address)		ECF	8	
	Tampa	a, Fl. 33613			HAS		
_		(Ĉity)	State and Zip	Code)	E C	٩	. [11
For furtl	ner information	concerning this matter, please	call:		, FLORI	P 2: 5	Ü
Cliftor	n C. Kim		at ( 813	, 503-392	8 P	52	
	(Name	of Person)		Code & Daytime T	elephone Numb	er)	• -
Enclose	ed is a check fo	or the following amount:					
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy copy is enclosed)	\$160.0 Certificate Certified (additional c	of Stat Copy	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 266	et/Courier Addressistration Section sion of Corporation Building Executive Center ahassee, FL 32301	ons r Circle	·	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Ad	ldress:				
The mailing addres	ss and street address	of the principal office of the Limited Liability Co	mpaı		
Principal Office A	Address:	Mailing Address:			
13903 OBERLIN MAN	OR WAY	13903 OBERLIN MANOR WAY			
TAMPA, FL. 33613		TAMPA, FL. 33613			
(The Limited Liability Co	ompany cannot serve as its	gistered Office, & Registered Agent's Signatur			
(The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth ACC CRECT AND CONTROL OF THE AGENT AGE			
(The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration. Florida street addres	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or another of the registered agent are:  C. KIM  Name	her		
(The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration. Florida street addres	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth  Soft the registered agent are:  C. KIM  Name  REFORMANCE TANKS  ARE OF THE SOFT TO TH			
(The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.  Florida street addres  CLIFTON  13903 OBERLIN N	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another soft the registered agent are:  C. KIM  Name  IANOR WAY  Istreet address (P.O. Box NOT acceptable 15 ft.)	ther		
(The Limited Liability Co business entity with an a	ompany cannot serve as its active Florida registration.  Florida street addres  CLIFTON  13903 OBERLIN N	egistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth  Soft the registered agent are:  C. KIM  Name  Name  JANOR WAY	ther		

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

## 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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CLIFTON C. KIM  13903 OBERLIN MANOR WAY  TAMPA, FL. 33613
MGR	KATHARINA KIM  13903 OBERLIN MANOR WAY  TAMPA, FL. 33613  ASSEE OF STATE  OR THE STATE OF STA
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the	e date of filing:
to or 90 days after the date of filing.)	se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)

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)

CLIFTON C. KIM

Typed or printed name of signee