

L08000095995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

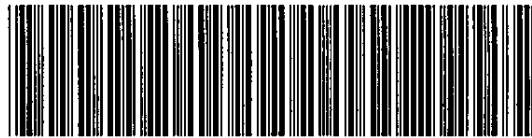
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400136193394

09/26/08--01022--003 **130.00

Effective Date

10/12/08

2008 OCT -9 A 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. HAMPTON

OCT 10 2008

EXAMINER

648770-8009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAK Business, LLC
(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:

Colleen A. Kosiba
(Name of Person)

(Firm/Company)

322 SW 78th Avenue
(Address)

North Lauderdale, FL 33068
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen A. Kosiba at 440-567-2436
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 OCT -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 29, 2008

COLLEEN A KOSIBA
322 SW 78TH AVE
N LAUDERDALE, FL 33068

SUBJECT: CAK BUSINESS, LLC
Ref. Number: W08000044849

We have received your document for CAK BUSINESS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 26, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00051880



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2008

COLLEEN A KOSIBA
322 SW 78TH AVE
N LAUDERDALE, FL 33068

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Ref. Number: W08000044849

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00051880

Effective Date 10/12/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAK BUSINESS, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

322 SW 78TH AVENUE
NORTH LAUDERDALE, FLORIDA 33068

Mailing Address:

322 SW 78TH AVENUE
NORTH LAUDERDALE, FLORIDA 33068

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:

COLLEEN A. KOSIBA

Name

322 SW 78TH AVENUE

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

NORTH LAUDERDALE, FLORIDA 33068

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.

Colleen A Kosiba

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGM" = Managing Member

Name and Address:

MGR

COLLEEN A. KOSIBA

322 SW 78TH AVENUE

NORTH LAUDERDALE, FLORIDA 33068

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: 10/12/08 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative 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.)

COLLEEN A. KOSIBA

Typed or printed name of signer

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)