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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

OCT 16 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CKS WESTSHORE, 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:

Ki H. Choi

Name of Person

Ki H. Choi, CPA, P.A.


Firm/Company

113 South MacDill Avenue #B

Address

Tampa, FL 33609

City/State and Zip Code

 **KIH.CHOI3@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ki H. Choi

at (**813**) **876-6442**

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

ARTICLES OF ORGANIZATION

CKS WESTSHORE, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is **CKS WESTSHORE, LLC.**
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

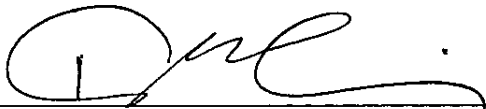
113 SOUTH MACDILL AVENUE #B, TAMPA, FL 33609
4. **Mailing Address.** The mailing address of the limited liability company is:

113 SOUTH MACDILL AVENUE #B, TAMPA, FL 33609
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

KI H. CHOI
113 SOUTH MACDILL AVENUE #B
TAMPA, FL 33609

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.



KI H. CHOI, Registered Agent

7. **Managing Members and Members:**

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

Title:

"MGRM"

"MGRM"

"MGRM"

MEMBER

MEMBER

MEMBER

Name and Address:

KI H. CHOI, 113 S. MacDill Ave. #B, Tampa, FL 33609

JOHN SHIM, 7903 Foxcatcher Ct, Odessa, FL 33556

CALVIN KIM, 15102 Kestrelglen Way, Lithia, FL 33547

JULIA CHOI, 113 S. MacDill Ave. #B, Tampa, FL 33609

LINDA SHIM, 7903 Foxcatcher Ct, Odessa, FL 33556

SE HYUN KIM, 15102 Kestrelglen Way, Lithia, FL 33547

8. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

OCTOBER 13, 2009



KI H. CHOI

Managing Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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