Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : NAMS

Account Number: 073313002424

Phone

: (407)869-5766

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Empil	Address:	

FLORIDA/FOREIGN LIMITED LIABILITY CO. CKC Marketing, LLC

W	6,
Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:				
(Must e	CKC Marketing of with the words "Limited Liabil	ng, LLC ity Company," "L.L.C.," or "I	LLC.")		
·					
The mailing address a	ess: and street address of the pr	incinal office of the Li	mited Liability Comr	anv is:	
The manning decirous a	and an addition of the br			- •	
Principal Office Add	<u>lress:</u>	Mailing Address:			
1417 Hidden Meado Apopka, FL 32712	* * * * *				
(The Limited Liability Comp business entity with an acti-	istered Agent, Registered bany cannot serve as its own Registive Florida registration.) orida street address of the received the control of the control of the received the r	tered Agent. You must designate the signate of the signature of the signatu	Agent's Signature: Ate an individual or another; ASSE	NOV 24 AM	
	Name			7.	
	1417 Hidden M	leadow Way		54	
, 	Florida street address (P.O.	Box NOT acceptable)	- Þ		
_	Apopka, FL 32712	FL.			
_	City, State, a	nd Zip			
liability company registered agent and statutes relating to i	as registered agent and to a at the place designated in the agree to act in this capacity the proper and complete petions of my position as regional Registered Agent's Signat	this certificate, I hereby y. I further agree to con programming of my duties, stered agent as provided	accept the appointment mply with the provision , and I am familiar wit	nt as ns of all th and	

(CONTINUED)

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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" = Manag "MGRM" = Man		Name and Address:		
MGRM		Chun K Choi 1417 Hidden Meadow Way Apopka, FL 32712		
MBR		Kyung S Choi 1417 Hidden Meadow Way Apopka, FL 32712		
				
(Use attachment i	late, if other than the date	e of filing: (O	PTIONAL)	
to or 90 days after the da	te of filing.)	Come and eather se more than live business	sess days prior	
		K. G.	TAL OS	
	(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)	NOV 24	T
	C44N	K. CHO T or printed name of signee		П
Filing Fees:	1 ypen o	or printed name of signee	OF ST	C
of Regis	ee for Articles of Organiza stered Agent d Copy (Optional)	tion and Designation	SI4 ATE DRIDA	

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\$ 5.00 Certificate of Status (Optional)