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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 26 PM 1:38

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COVER LETTER

TO: Registration Section
Division of Corporations

CKS CASTILLO, LLC.

SUBJECT: _____
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

at (813) 876-6442

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

CKS CASTILLO, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is CKS CASTILLO, 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:

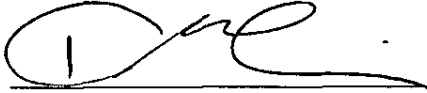
113 SOUTH MACDILL AVENUE #B, TAMPA, FL 33609
4. **Mailing Address.** The mailing address of the limited liability company is:

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 provisional 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

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

MARCH 24, 2010



KI H. CHOI

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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TALLAHASSEE, FLORIDA