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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: CYK Investment LLC	
Sebate 1.	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Richard M. Mogerman, E.	
	Name of Person
Richard M. Mogerman, P.	Α
	Firm/Company
8211 West Broward Boulev	vard, Suite 200
	Address
Plantation, Florida 33324	
	y/State and Zip Code
markmog@bellsouth.net	
	for future annual report notification)
For further information concerning this matter, please	e call:
Richard M. Mogerman	at (954) 475-7171
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
CYK Investment LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
	•
ARTICLE II - Address:	nainal office of the Limited Liability Company is
The maining address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
304 Indian Trace	304 Indian Trace #297
#297	
Weston, Florida 33326	Weston, Florida 33326
ADTICLE III Desistand Agent Desistand	Office & Degistered Agent's Signature
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	red Agent. You must designate an individual or another
business entity with an active Florida registration.)	•••
The name and the Florida street address of the re	gistered agent are:
Richard M. Mogerman,	РΔ
Name	Г.Д.
8211 West Broward Bo	ulevard, Suite 200
Florida street addı	ess (P.O. Box <u>NOT</u> acceptable)
Plantation	_{FL} 33324
City, Star	te, and Zip
	ccept service of process for the above stated limited
ilability company at the place designated in the	iis certificate, I hereby accept the appointment as . I further agree to comply with the provisions of a
registered agent and agree to act in mis capacity	formance of my duties, and I am familiar with and
accept the obligations of my political at ragis	tered agent as provided for in Chapter 608, F.S.
accept the obligations of my position as regist	revenues provided for in Chapter 600, 1.6.
$AV \times VM VII$	
17X HV 144	#
Registered Agent's Signatu	e (REQUIRED)
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(CONTINU	JED)
	
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	Name and Address:
"MGRM" = Managing Me	mber
MGRM	Mariano Cotler
-	9195 Collins Avenue, #906
	Surfside, Florida 33154
MGRM	Martin Kweller
	9195 Collins Avenue, #906
	Surfside, Florida 33154
(Use attachment if necessar	ry)
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
effective date is listed, the da	ate must be specific and cannot be more than five business days [
90 days after the date of filing	g.)
. (1 =
REQUIRED SIGNATION	
11/ 1/2	
111 7/3	
	,
,	of a member or an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution of this document
(In accordance with constitutes an affin	a section 608.408(3), Florida Statutes, the execution of this document mation under the penalities of perjury that the facts stated herein are true.
(In accordance with constitutes an affin I am aware that any	section 608.408(3), Florida Statutes, the execution of this document
(In accordance with constitutes an affin I am aware that any constitutes a third of	a section 608.408(3), Florida Statutes, the execution of this document mation under the penalities of perjury that the facts stated herein are true. If a false information submitted in a document to the Department of State

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)