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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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J. SAULSBERRY EXAMINER NOV_9 2010

COVER LETTER

TO:

Registration Section

	SUBJECT: CCK Internet Cafe LLC d/b/a Tropics Internet Ca
	The enclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Edward J. Welch, Esq.
	Moore & Lee
	Firm/Company
	500 E. Broward Boulevard, Suite 1820
	Address
72 201	Ft. Lauderdale, FL 33394
A NO	City/State and Zip Code
ASSET V	e.welch@mooreandlee.com
85. ∞	E-mail address: (to be used for future annual report notification)
7 - 17 - 1	For further information concerning this matter, please call:
AM 8: 55 OF STATE OF LORID	Edward J. Welch at (954) 525-6110
8: 55 STATE ORID	Edward J. Welch Name of Person at (954) Area Code & Daytime Telephone No.
8: 55 STATE ORID	at (001) 023 0110

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

The name of the Limited Liability Company is:	
CCK Internet Cafe LLC	
(Must end with the words "Limited Liability Company, "L.L.	С.," ог "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1900 Okeechobee Boulevard, A-9 West Palm Beach, FL 33409	1900 Okeechobee Boulevard, A-9 West Palm Beach, FL 33409
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are: 二名 名
Edward J. Welch, Esq.	egistered agent are:
Name	6020
500 E. Broward Boule	ress (P.O. Box NOT acceptable)
Florida street add	ress (P.O. Box NOT acceptable)
Ft. Lauderdale	FL 33394 SA 55
City, Sta	te, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM	Cheryl Kumerow-Bosa	
"	1900 Okeechobee Boulevard, A-9	
	West Palm Beach, FL 33409	
MGR	Chris-Kare	
	1900 Okeechobee Boulevard, A-9	
	West Palm Beach, FL 33409	
MGR	SEYEKCUB3, LLC	
•	8934 Brecksville Road, Suite 436	<u>.</u>
	Brecksville, OH 44141	
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Use attachment if necessary)	(2)	
LE V: Effective date, if other than th	P. data of filling.	FTION

REQUIRED SIGNATURE:

Edural (). Well with authority
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Edward J. Welch, on behalf of Cheryl Kumerow-Bosa

Typed or printed name of signee

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)