

L10000119426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

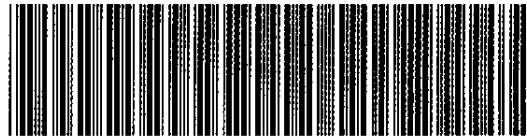
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/10--01027--001 **125.00

RECEIVED
TALLAHASSEE, FLORIDA

2010 NOV 16 AM 11:33

FILED

C. LEWIS

NOV 17 2010

EXAMINER

Return Name and Address

CHARLES KIMMINS

197 N. PINE DR.

TAMPA, FL 33613

Date: ~~10-12-2010~~ ^{CK} 10-12-2010

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

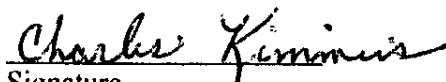
Re: Articles of Organization

Dear Sir

Enclosed please find an original and one copy of **ARTICLES OF ORGANIZATION** along with the filing fee of \$125.00. Please file and provide a filed copy to me, together with any other information you commonly provide to new organizations at the address above.

Please contact me at the above address if you require anything further.

Sincerely


Signature

Enclosures

Check # 1114646 Enclosed for \$125.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGK SOLUTIONS, 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:

CHARLES KIMMINS

Name of Person

CGK SOLUTIONS, LLC.

Firm/Company

197 N. PINE DR.

Address

TAMPA, FL 33613

City/State and Zip Code

NONE

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

For further information concerning this matter, please call:

CHARLES KIMMINS

Name of Person

at (813)

270-9599

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGK SOLUTIONS, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

197 N. PINE DR.
TAMPA, FL 33613

Mailing Address:

197 N. PINE DR.
TAMPA, FL 33613

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHARLES KIMMINS

Name

197 N. PINE DR.

Florida street address (P.O. Box **NOT** acceptable)

TAMPA

FL 33613

City, State, 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..

Charles Kimmins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
NOV 16 AM 11:33
ALLAHASSEE, FLORIDA

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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: 2010 NOV 16 AM 11:33

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

CHARLES KIMMINS

197 N PINE DR

TAMPA, FL 33613

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Charles Kimmins
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.)

CHARLES KIMMINS, MANAGING MEMBER

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)