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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: CKPK IMPORTS, LLC	
Name of Limited L	iability Company
The enclosed Articles of Organization and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Chris Kraft	
	ne of Person
Kraft Nissan	
	m/Company
3277 Mahan drive	
	Address
Tallahassee, FL 32308	
City/Sta	te and Zip Code
ckfsu@aol.com E-mail address: (to be used for fi	ture annual report notification)
For further information concerning this matter, please cal	l:
Chris Kraft at	₍ 850) 544-3456
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 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

ARTICLES OF ORGANIZATION	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Co	mpany is:
CKPK IMPORTS, LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is Mailing Address:
3277 Mahan Drive Tallahassee, FL 32308	3277 Mahan Drive Tallahassee, FL 32308
	Registered Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual or another n.)
The name and the Florida street addre	ess of the registered agent are:
Madeline Bullo	nck

Madeline Bullock	
	Name
3277 Mahan [Orive
Florida str	eet address (P.O. Box NOT acceptable)
Tallahassee	_{FL} 32311
C	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..

gent'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" = Managing Member	
"MGR"	Christopher L. Kraft, Sr.
	3571 Mossy Creek Lane
	Tallahassee, FL 32311
"MGR"	Peter D. Kraft, Sr.
	4424 155th Terrace
	Newberry, FL 32669
(Use attachment if necessary)	
	n the date of filing: March 8, 2011 . (OPTION ust be specific and cannot be more than five business d

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher L. Kraft, Sr.

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)