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(Requestor's Name)

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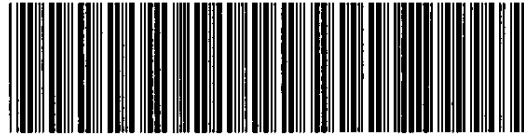
(Business Entity Name)

(Document Number)

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12 APR 23 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR 24 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CK PACIFIC, 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:

CALVIN KIM

Name of Person

CK PACIFIC, LLC

Firm/Company

15102 KESTREL GLEN WAY

Address

LITHIA, FL 33547

City/State and Zip Code

KIH.CHOI3@GMAIL.COM

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

For further information concerning this matter, please call:

KI H. CHOI CPA

Name of Person

at ( 813 )

876-6442

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

CK PACIFIC, LLC.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. **Name.** The name of the limited liability company is CK PACIFIC, 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:

15102 KESTRELGLEN WAY, LITHIA, FL 33547

4. **Mailing Address.** The mailing address of the limited liability company is:

15102 KESTRELGLEN WAY, LITHIA, FL 33547

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:

CALVIN KIM  
15102 KESTRELGLEN WAY  
LITHIA, FL 33547

*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.

  
\_\_\_\_\_  
CALVIN KIM

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TALLAHASSEE, FLORIDA

7. **Managing Members.** The name and address of each Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u> _
"MGRM"	Calvin Kim 15102 Kestrelglen Way Lithia, FL 33547
"MRGM"	Sehyun Kim 15102 Kestrelglen Way Lithia, FL 33547

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

APRIL 20, 2012

  
\_\_\_\_\_  
CALVIN KIM  
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.)