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COVER LETTER

TO:

Registration Section Division of Corporations

CKF Construction Services 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:

Carter l	- unk					
		Name of Person				
CKF C	onstruction Se	ervices l	LC			
<u></u> ,		Firm/Company				_
6005 P	owers Ave Su	ite 110				
		Address				_
Jackso	nville, FL 322	17				
	Cit	y/State and Zip Co	ode			_
carterfunk	@comcast.net			، مبيع الا	·	
 	E-mail address: (to be used	for future annual re	port notification)	1.06	<u>Α</u> % 13.	
For further information	concerning this matter, please	call:			TAHA ONE ONE	o designation of
Carter Fun	k	904	,669-7	964	IG 21	is Secured Contraction Contrac
Name	of Person	Area Co	de & Daytime Tele	ephone Numb	many - As	The same
Enclosed is a check for	or the following amount:				STATE ON LA	Large
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	_		Filing Fee, ite of Status Copy	&

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	lame:		
The name of the	Limited Liability Compa	any is:	
CKF Construction S			
((Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	Address:		
		f the principal office of the Limited	Liability Company is:
		1	J 1 J
Principal Office	e Address:	Mailing Address:	
6005 Powers Ave		6005 Powers Ave	· · · · · · · · · · · · · · · · · · ·
Suite 110		Suite 110	
Jacksonville, FL 322	217	Jacksonville, FL 32217	
The name and th	Carter Funk	of the registered agent are:	TALLAH
			SS N
	4045 Cordova Ave		FD = transfer
	Florida s	treet address (P.O. Box <u>NOT</u> acceptable)	
·	Jacksonville, FL 32	207 _{FL}	
		City, State, and Zip	<u>6</u> 29
liability comp registered age all statutes rei	pany at the place designa nt and agree to act in this lating to the proper and c	and to accept service of process for the ted in this certificate, I hereby accept capacity. I further agree to comply omplete performance of my duties, as n as registered agent as provided for	t the appointment as with the provisions of nd I am familiar with

(CONTINUED)

Page 1 of 2

MGRM = Managing Member* MGRM** = Managing Member MGRM** = Managing Member MGRM** = Managing Member **MGRM** = Managing Member* MGRM**	Title:	_		Name and Address:	
Use attachment if necessary) LE V: Effective date, if other than the date of filing: 8/22/2013 (OPTIO) fective date is listed, the date must be specific and cannot be more than five busing or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of this dodfinent personal true and any false information submitted in a document to the Department (State Constitutes a third degree felony as provided for in s.817.155, F.S.)		_			
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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)