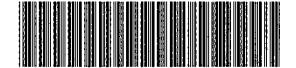
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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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ALLAHASSEE, FI ORIDA

K. SALY EXAMINER AUG 2 8 2013

COVER LETTER

TO: Registration Division of C				·
SUBJECT: C.C.	Forker LLC			
SUBJECT:		ted Liability Com	pany	
The enclosed Articles	of Organization and fee(s) are	submitted for filir	ng.	
Please return all corres	pondence concerning this mat	ter to the followin	ıg:	
Chris F	orker			
		Name of Person		
C.C. Fo	orker LLC			
 ·		Firm/Company		, , , , , , , , , , , , , , , , , , ,
223 9th	n St			
		Address		
Holly H	ill, FI, 32117			
		ty/State and Zip Co	de	
christophe	ercforker@gmail.c		nort notification)	
For further information	concerning this matter, please	•	, , , , , , , , , , , , , , , , , , ,	
	-		207.0	040
Chris Fork		_ _{at (} 386	307-0	
Name	of Person	Area Coo	de & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C	_	\$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	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center C ssee, FL 32301	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C.C. Forker LLC			
	(Must end with the words "Lir	nited Liability Company, "Ł.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing ad	dress and street address	of the principal office of the Limited Liability Comp	oany
Principal Offi	ce Address:	Mailing Address:	
Chris Forker		Chris Forker	
223 9th st		223 9th st	
Holl Hill FI, 32117		Holl Hill Fl, 32117	
			ست
	Chris Forker		NG 2
	Chris Forker	Name Name	NG 27
	Chris Forker 223 9th st	Name SSTO	UG 27 PM
	223 9th st	Name Signature and the street address (P.O. Box NOT acceptable)	UG 27 PA 4
	223 9th st	Name SST OF A street address (P.O. Box NOT acceptable) 17 FL.	NG 27 PM # CT 15TE
	223 9th st Florida	Name Street address (P.O. Box NOT acceptable) 17 FL City, State, and Zip	13 NUG 27 PM # 27
liability con registered ag all statutes r	223 9th st Florida Holly Hill, FL, 321 samed as registered agen supany at the place design ent and agree to act in the elating to the proper and	Name A street address (P.O. Box NOT acceptable) 17 FL City, State, and Zip at and to accept service of process for the above stated and this certificate, I hereby accept the appointments capacity. I further agree to comply with the provise complete performance of my duties, and I am familiation as registered agent as provided for in Chapter 60.	l limit ent as cions (ir with

(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:

	anager	Name and Address:
'MGKM" =	Managing Member	
MGR		Chris Forker
		223 9th st
		Holly Hill, FI, 32117
		· · · · · · · · · · · · · · · · · · ·
···	 	
Use attachm	nent if necessary)	
EV: Effec	tive date, if other than t	the date of filing: (OPTIO
EV: Effec	tive date, if other than t	ust be specific and cannot be more than five bus
E V: Effective date or 90 days a	tive date, if other than t	ust be specific and cannot be more than five bus
E V: Effective date or 90 days a	tive date, if other than to is listed, the date muster the date of filing. SIGNATURE:	ust be specific and cannot be more than five bus
E V: Effective date or 90 days a	tive date, if other than to is listed, the date muster the date of filing. SIGNATURE:	ust be specific and cannot be more than five bus
LE V: Effective date or 90 days a REQUIRED	tive date, if other than to is listed, the date must refer the date of filing. Signature: Signature of a memory accordance with section 6 postitutes an affirmation ungament aware that any false info	ust be specific and cannot be more than five bus
EV: Effective date or 90 days a REQUIRED	tive date, if other than to is listed, the date must refer the date of filing. Signature: Signature of a memory accordance with section 6 postitutes an affirmation ungament aware that any false info	ristopher C Forker aber or an authorized representative of a member. 308.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)