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EFFECTIVE DATE 910-13

2013 SEP 17 PM 5: 41

B. BOSTICK
SEP 1 8 2013
EXAMINER

COVER LETTER.

TO:

Registration Section Division of Corporations

SURJECT: C-K GARAGE DOORS 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:

ROBERTO CARMONA

Name of Person

C-K GARAGE DOORS LLC

Firm/Company

204 KELLWOOD CT.

Address

KISSIMMEE, FLORIDA 34743-8318

City/State and Zip Code

goocasio42@yahoo.com

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

For further information concerning this matter, please call:

GLORIA OCASIO

.,407

2303490

Name of Person

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

C-K GARAGE DOOR	SIIC				
	fust end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		-	
·					
ARTICLE II - A				_	
The mailing addre	ess and street address of the pr	incipal office of the Limited L	iability C	Compa	ny is:
Principal Office	Address:	Mailing Address:			
204 KELLWOOD CT.		204 KELLWOOD CT.			
KISSIMMEE, FLORIDA 34743-8318		KISSIMMEE, FLORIDA 34743-8318	3	_	
(The Limited Liability C business entity with an		Office, & Registered Agent's ered Agent. You must designate an indiversity egistered agent are:		other 2013 SEP 17	
	204 KELLWOOD CT.		<u> </u>	7	
	Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	987	ည်	المهيبي كا
	KISSIMMEE, FLORIDA 3	4743-8318	FLORIDA		
	City, Sta	nte, and Zip			
liability compo registered agent all statutes rela	any at the place designated in t and agree to act in this capac ting to the proper and complet	accept service of process for the his certificate, I hereby accept t ity. I further agree to comply w e performance of my duties, and gistered agent as provided for t	the appor vith the p d I am fa	intmen rovisio miliar	t as ons of with

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

MGR	ROBERTO CARMONA	
	204 KELLWOOD CT.	
	KISSIMMEE, FLORIDA 34743-831	8
		
		T7. 20
		LL A
		SE
		변화 -0
(Use attachment if necessary)		55 3.

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ROBERTO CARMONA

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)