

L13000170082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

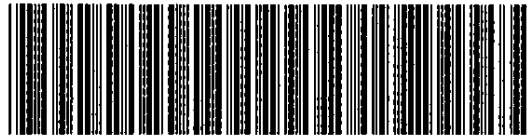
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2013 DEC -4 PM 3:55

FILED

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CKM Teaching 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:

Christian Martin

Name of Person

Firm/Company

7339 SW 162 Place

Address

Miami, FL 33193

City/State and Zip Code

~~emartin320@me.com~~

CKmartin320@me.com

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

For further information concerning this matter, please call:

Christian Martin

Name of Person

at **305 542-3030**

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

Please find
Attached return
envelope via Fedex

2010 DEC -4 PM 3:55
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CKM Teaching LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7339 SW 162 Place
Miami, FL 33193

Mailing Address:

7339 SW 162 Place
Miami, FL 33193

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christian Martin

Name

7339 SW 162 Place

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33193

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..

Christian Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 DEC -4 PM 3:55
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Miami, FL 33193

FILED
2018 DEC -4 PM 3:55
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF CALIFORNIA

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Chartin

(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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)