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| (Re                     | questor's Name)    |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

|               | egistration Section<br>ivision of Corporations   |                  |  |
|---------------|--|------------------|--|
| SUBJECT       | CKH #1 INVESTMNETS LLC   |                  |  |
| Sebule        |  | Limited Liabili  | ty Company   |
| The enclos    | ed Articles of Organization and fee(s  | ) are submitted  | for filing.  |
| Please retu   | rn all correspondence concerning this  | matter to the f  | ollowing:  |
|               | Suzie Smith  |                  |  |
|               |  | Name of          | Person   |
|               | Smith Accounting & Consulting LL   | .C               |  |
|               |  | Firm/Co          | mpany  |
|               | 5823 - 26th Street West  |                  |  |
|               |  | Addre            | ess  |
|               | Bradenton, FL 34207  |                  |  |
|               | smfyes@aol.com   | City/State and   | d Zip Code   |
|               | E-mail address: (to be u   | sed for future a | nnual report notification)   |
| For further i | nformation concerning this matter, ple   | ease call:       |  |
|               | Suzie Smith  | 941              | 896 - 7666   |
|               | Name of Person   | Area Code        | Daytime Telephone Number   |
| Enclosed i    | s a check for the following amount:  |                  |  |
| \$125.00 F    | iling Fee \$130.00 Filing Fee & Certificate of Status  | └──Certific      | 0 Filing Fee & \$\ \text{S160.00 Filing Fee,} \\ \text{Certificate of Status &} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} |
|               | Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314 |                  | Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301              |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: , The name of the Limited Liability   | Company is:  |  |   |
|---|--|--|---|
| CKH #1 INVESTMEN  |  | 12. 0  | W. I. G. N. W. I. G. N.                                 |
| (Must end w   | ith the words "Limited Li  | ability Company                                | y, "L.L.C.," or "LLC.")                                 |
| ARTICLE II - Address:<br>The mailing address and street add   | dress of the principal offic   | ce of the Limited                              | d Liability Company is:                                 |
| Principal   | Office Address:  |  | Mailing Address:  |
| 6302 Manatee Ave. W   | est  | 630  | 2 Manatee Ave. West                                     |
|   |  |  |   |
|   | at, Registered Office, &<br>annot serve as its own Re  | Registered Age                                 | ent's Signature: You must designate an individual or    |
| ARTICLE III - Registered Agen   | at, Registered Office, & cannot serve as its own Retive Florida registration.)   | Registered Age                                 | ent's Signature:  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | at, Registered Office, & cannot serve as its own Retive Florida registration.)   | Registered Age                                 | ent's Signature:  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | at, Registered Office, & cannot serve as its own Retive Florida registration.)  Iddress of the registered ag  Suzie Smith  | Registered Age                                 | ent's Signature:  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | at, Registered Office, & cannot serve as its own Retive Florida registration.)  Iddress of the registered ag  Suzie Smith  | Registered Age egistered Agent. gent are:      | ent's Signature:  |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | at, Registered Office, & annot serve as its own Retive Florida registration.)  ddress of the registered ag  Suzie Smith  | Registered Age egistered Agent. gent are:      | ent's Signature:<br>You must designate an individual or |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | at, Registered Office, & cannot serve as its own Retive Florida registration.)  Iddress of the registered ag  Suzie Smith  | Registered Age egistered Agent. gent are: lame | ent's Signature:<br>You must designate an individual or |
| ARTICLE III - Registered Agen<br>(The Limited Liability Company canother business entity with an ac | At, Registered Office, & cannot serve as its own Retive Florida registration.)  Iddress of the registered again Suzie Smith  5823 - 26th Street West Florida street address (1 | Registered Age egistered Agent. gent are: lame | ent's Signature:<br>You must designate an individual or |

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

15 NOV 14 PH 6: 21

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S.  Charles P. Howard  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)  | Title:   |  | d Address:  |                                      |
|--|--|--|---|--------------------------------------|
| MGR  Charles P. Howard  6302 Manatee Ave. West Bradenton, FL 34209  MGR  Kerri Howard  6302 Manatee Ave. West Bradenton, FL 34209  (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  (OPTIONAL)  cetive date is listed, the date must be specific and cannot be more than five business days prior to or off filing.)  'the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  E. VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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.  Charles P. Howard  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)  |  | moer   |   |                                      |
| MGR  Kerri Howard 6302 Manatee Ave. West Bradenton, FL 34209  Kerri Howard 6302 Manatee Ave. West Bradenton, FL 34209  (Use attachment if necessary)  E.V.: Effective date, if other than the date of filing:  (OPTIONAL)  eterive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will rement's effective date on the Department of State's records.  E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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.  Charles P. Howard  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)  |  | Charles I  | ) Howard  |                                      |
| MGR  Kerri Howard 6302 Manatee Ave. West Bradenton, FL 34209  (Use attachment if necessary)  E V: Effective date, if other than the date of filing:  cetive date is listed, the date must be specific and cannot be more than five business days prior to or of filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 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.  Charles P. Howard  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)   | WOR  |  |   |                                      |
| (Use attachment if necessary)  E. V: Effective date, if other than the date of filing:   |  |  | <del>, , , , , , , , , , , , , , , , , , , </del>   |                                      |
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