## L17000179111

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08/21/17--01019--027 \*\*130.00



## **COVER LETTER**

Division of Corporations
SUBJECT:
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bryan G. Czajkowski Name of Person
CZAJKOWSKI ENTERPRISES LLC Firm/Company
209 Star Shell Dr.
Address
Apollo Beach, FL 33572 Proces
City/State and Zip Code
BCZAJØØI@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
City/State and Zip Code  BCZAJØØ1@qmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Bryan Czajkowski at 518, 330-4291  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee    S155.00 Filing Fee &   S160.00 Filing Fee &   Certificate of Status &   Ce
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address  New Filing Section  Division of Corporations  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:	
CZAJKOWSKI ENTER	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
209 Star Shell Dr Apollo Beach, FL 33572	209 Star Shell Dr Apollo Beach, FL 33572
(The Limited Liability Company cannot serve as its own Registration business entity with an active Florida registration.)  The name and the Florida street address of the registered agenthrough the following street address of the registered agenthrough the street addr	
209 Star	
Florida street address (P.C	
Apollo Beach	FL 3357-2 State Zip
City	State Zip
laving been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointmenther agree to comply with the provisions of all statutes relating in familiar with and accept the obligations of my position as reg	ent as registered agent and agree to act in this capacity. I =  g to the proper and complete performance of my difficult and E
27/	
Registered A	Agent's Signature (DEOLIDED)

(CONTINUED)

	Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager	Brian (zákowski
MGR	Dryan Capacist
	209 Star Shell Dr.
	Apollo Beach, FL 33572
AMBR	Oran Gaik SOKI
MADE	Roseann Czejkowski
	4 Maureen Ct.
	Cliffon Park, NY 12065
<del></del>	
V: Effective date, if other than the date	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) the date inserted in this block does not exent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
f filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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Filling Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)