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(Re	equestor's Name)	
(Address)		
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(Cr	ty/State/Zip/Phone	≘ #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to Filing Officer:		
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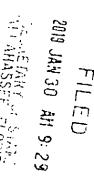
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COVER LETTER

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TO:	New Filing Section Division of Corporations				
CORTE	ESK Enterprises, LLC				
Name of Limited Liability Company					
The enc	losed Articles of Organization and fee	(s) are submitted	for filing.		
Please r	eturn all correspondence concerning th	is matter to the	fotlowing:		
	William Girardot, Esq				
		Name of	Person		
	Stark Reagan PC				
	Firm/Company				
	1111 West Long Lake Road, Ste 202				
		Addr	255		
	Troy, MI 48098				
	City/State and Zip Code				
	wgirardot/a starkreagan.com	most for figures o	nnual report notification)		
			Tepart Rollingarion,		
For furth	er information concerning this matter, p	lease call:			
	Claire Kim	248 1 (641-9955		
	Name of Person		Daytime Telephone Number		
Enclose	ed is a check for the following amount:				
	0 Filing Fee 5130,00 Filing Fee of Certificate of Status	, La Centilie	S160.00 Filing Fee, d Copy (copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tullahassee, F1 32314) 	itrret Address Jew Filing Section Division of Corporations Tifton Building 661 Executive Center Circle allahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
TSK Enterprises, LL				
(Must cont	ain the words "Limited	Liability Compar	iy, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	fdress of the principal o	ffice of the Limit	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
3000 NE 44th Street Lighthouse Point, FL	33064			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent	ent's Signature: . You must designate an individual or	
The name and the Florida street address of the registered agent are:				
Frank S. Kolakowski H				
Name				
	3000 NE 44th Street			
Florida street address (P.O. Box NOT acceptable)				
	Lighthouse Point	FI.	33064	
	City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager Manager	Frank S. Kolakowski H 3000 NE 44th Street Lighthouse Point, FL 33064			
				
(Use attachment if necessary)				
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	NAT-			
This document is executed in accor	n authorized representative of a member, adance with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.			
Count C Could and C D				

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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