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3/18/2019

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (205)774-9606
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Email Address: johanna.k86@gmail.com

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FLORIDA LIMITED LIABILITY CO.

CKV MULTISERVICES, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
CKV MULTISERVICES, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

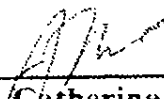
CKV MULTISERVICES, LLC

ARTICLE II - ADDRESS:

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

**15563 SW 276 STREET
HOMESTEAD, FL 33032**

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



**Catherine K. Valle
15563 SW 276 Street
Homestead, FL 33032**

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.

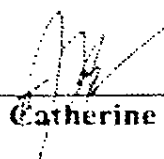
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ARTICLE IV - Management/Member(s):

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

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
AMBR	CATHERINE K. VALLE 15563 SW 276 Street Homestead, FL 33032



Catherine K. Valle

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(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

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