

# L19000098913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

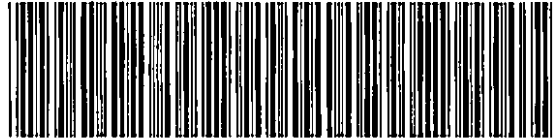
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
19 APR 10 11 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 18 2019

LAW OFFICES

SHARON B. MILNE, P.A.  
SUITE 230  
1000 RIVERSIDE AVENUE  
JACKSONVILLE, FLORIDA 32204

Sharon B. Milne  
[smilne@sharonmilnelaw.com](mailto:smilne@sharonmilnelaw.com)

TELEPHONE 904/355-6700  
FACSIMILE 904/358-7360

In Memoriam  
Ronald D. Fairchild  
1947 - 2018

April 8, 2019

Department of State  
Division of Corporations  
New Filing Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Articles of Organization

Dear Madam or Sir:

Please find enclosed for filing the Articles of Organization for CKM Real Estate Properties, LLC.

Also enclosed is our firm check in the amount of \$125.00 in payment of the filing fee.

Thank you.

Sincerely yours,



Sharon B. Milne

SBM/sg  
Enclosure

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CKM Real Estate Properties 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:

Chris

Name of Person

CKM Real Estate Properties LLC

Firm/Company

17250 Elsinore Dr.

Address

Jacksonville, Fla. 32226

City/State and Zip Code

K.Murdock@AOL.com

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

For further information concerning this matter, please call:

Murdock

Chris Murdock

Name of Person

at ( 904 )

Area Code

307-0528

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

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:

CKM Real Estate Properties L.L.C.

(Must contain 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:

Mailing Address:

17250 Elsinore Dr.  
JACKSONVILLE FLA 32226

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:

Chris Murdoch

Name

17250 Elsinore Dr.

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

JACKSONVILLE FLA. 32226

City

State

Zip

FILED  
19 APR 10 PM 9:55  
TALLAHASSEE, FLORIDA

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MGR

Chris Murdoch  
17250 Elsinore Dr.  
JAX, FL 32226

Kelly Murdoch  
17250 Elsinore Dr.  
JAX, FL 32226

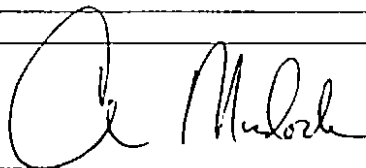
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL) 90 days after the date of filing.)  
(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE 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 Statutes. 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.

Chris Murdoch

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)

\$ 5.00 Certificate of Status (Optional)

FILED  
19 APR 10 18 9:55  
TALLAHASSEE, FLORIDA  
SEC. OF STATE