

L19000 305 914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies



Certificates of Status



500333519875

03/09/19--01033--005 **87.50

12/19/19--01035--004 **72.50

Special Instructions to Filing Officer:

W19000085302-1

W19000118801

Spoke with Mr. Moore on 12/27/2019
to obtain the Authorized title of
Manager.

SS

Office Use Only

S TALLENT
DEC 27 2019

2019 DEC 27 PM 12:18
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2019

KENNETH RAY MOORE
31320 LORINE STREET
DELAND, FL 32730

SUBJECT: OHOK, LLC
Ref. Number: W19000085302

We have received your document for OHOK, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please note that if it was your intention to file an llc instead of a corporation, an additional filing fee of \$72.50 will be due to complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 419A00019512

2019 DEC 18 AM 11:10

REF: 419A00019512

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: OHOK, 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:

Kenneth Ray Moore
Name of Person

OHOK LLC
Firm/Company

31320 HORNE STREET
Address

DELAND, FL. 32730
City/State and Zip Code

Kenny1962moore@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth R. Moore at (863) 873-3889
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
77.50

☐ \$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:

CHOK LLC

(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:

31320 LORINE STREET
DELAND FL 32730

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:

KENNETH RAY MOORE
Name

31320 LORINE STREET

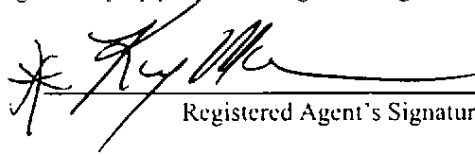
Florida street address (P.O. Box **NOT** acceptable)

DELAND FL 32730
City State Zip

2019 DEC 27 PM 12:18
RECEIVED
STATE OF FLORIDA
CLERK OF THE COURT

FILED

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kenneth Ray Moore
31320 HORING STREET
DELAND, FL. 32730

(Use attachment if necessary)

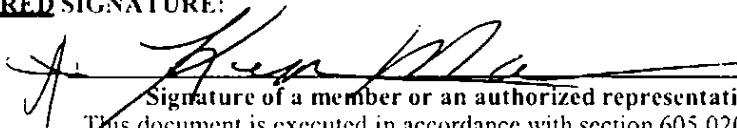
ARTICLE V: Effective date, if other than the date of filing: SAME (OPTIONAL)

(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.

Kenneth Ray Moore
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)

BALANCE OF
\$ 172.50