

# L20000344393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CK'S Construction 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:

Carlton Bell

Name of Person

Firm/Company

440 South Cone St

Address

Quincy, Fla 32351

City/State and Zip Code

Carltonb31@gmail.com

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

For further information concerning this matter, please call:

Carlton Bell

Name of Person

at ( 850 )

Area Code

567-6804

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## CLE I - Name:

Name of the Limited Liability Company is:

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CK'S Construction LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## CLE II - Address:

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:440 South Cone St  
Quincy, Fla  
32351440 South Cone St  
Quincy, Fla  
32351

## CLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

A Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

Name and the Florida street address of the registered agent are:

~~Carlton Bell~~ <sup>CB</sup> Juanita Bell  
Name440 South Cone St  
Florida street address (P.O. Box **NOT** acceptable)Quincy, Fla 32351  
City State Zip

I have been named as registered agent and to accept service of process for the above stated limited liability company at the time I signed in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I understand and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Juanita Bell  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Juanita Bell</u>
	<u>440 South Cone St</u>
	<u>Quincy, Fla 32351</u>

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SECRETARY OF STATE  
TALLAHASSEE, FL

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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 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 document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:** Juanita Bell  
\_\_\_\_\_  
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.  
Juanita Bell  
\_\_\_\_\_  
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)