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

From: Account Name : CORPORATION SERVICE COMPANY  
 Account Number : I20000000195  
 Phone : (850)521-0821  
 Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 CJK PG LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 FEB - 3 11:05

2021 FEB - 3 PM 2:55

*Handwritten signature and initials*

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CJK PG 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:

Kyle A. Taylor, Esq.

Name of Person

Warshaw Burstein, LLP

Firm/Company

575 Lexington Avenue, 7th Floor

Address

New York, NY 10022

City/State and Zip Code

ktaylor@wbny.com

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

For further information concerning this matter, please call.

Kyle A. Taylor, Esq. 212 984-7797  
at ( )  
Name of Person Area Code 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

RECEIVED  
FEB 11 2021

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJK PG 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:

5290 NW 130th Avenue  
Ocala, FL 34482

5290 NW 130th Avenue  
Ocala, FL 34482

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:

Catelyn Kronfeld  
Name

5290 NW 130th Avenue  
Florida street address (P.O. Box NOT acceptable)

Ocala                      FL                      34482  
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..*

/s/ Catelyn Kronfeld  
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

"MGR" = Manager

**Name and Address:**

MGR

Catelyn Kronfeld  
5290 NW 130th Avenue  
Ocala, FL 34482

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 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:**

/s/catelyn kronfeld

**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.317.155, F.S.

Catelyn Kronfeld

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)

2021 1207