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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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Office Use Only

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309 (850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: I20210000160: \$125.00

Authorization Signature: ______

Business Name: CKJ ASIAN SPA LLC

Document

____Certified Copy

____Certificate of Status

NEW FILINGS	&	AMENDMENTS
Profit Corp Not for Profit X_Limited Liability Domestication LLLP Corp Inc Other		Amendment Resignation / Dissociation Change of Registered Agent Revocation of Dissolution Rerger Articles of Conversion Amended & Restated Articles of Incorporation Statement of Authority
APOSTILLE(s) Apostille(s) Country(s)	&	OTHER FILINGS Foreign Filing Reinstatement Qualification Fictitious Name Annual Report

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309 (850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

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APOSTILLE(s)	&	OTHER FILINGS
Apostille(s) Country(s)		Foreign Filing Reinstatement Qualification Fictitious Name Annual Report

EXAMINER'S INITIALS:_____

COVER LETTER

TO:	New Filing Section
	Division of Corporations

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CKJ ASIAN SPA LLC SUBJECT:

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:

YE ZHANG

Name of Person

IVY ACCOUNTING TAX & ADVISORY

Firm/Company	
4738 SW 23RD ST	
Address	ا د د
/IAMI, FL, 33185	(). .))-: [''],
City/State and Zip Code	
onfirmation@ivy-cpa.com	

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

For further information concerning this matter, please call:

YE ZHANG	786	227-6928
	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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CKJ ASIAN SPA 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:

Mailing Address:	
14738 SW 23RD ST	
MIAMI, FL 33185	

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.)			• 	202 ⁱ i		
The name and the Florida street ad	dress of the registered	d agent are:		_	UN:	-17
	YE ZHANG				25	ļ
		Name		5	2	ן ע ן
	14738 SW 23RD ST				Nii S	U
Florida street address (P.O. Box NOT acceptable)			12	1:6		
	МІАМІ	FL	33185	, <u> </u>	1	
	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.

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> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
AMBR	ZHANG, YE 14738 SW 23RD ST MIAM1, FL 33185	·····		
			- >	
			, 1111, 1202	77)
(Use attachment if necessary)			25 MI	
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be the date of filing.) <u>Note:</u> If the date inserted in this block does n the document's effective date on the Departm	e specific and cannot be more than five t not meet the applicable statutory filing req	ousiness days prior to or-90		

ARTICLE VI: Other provisions, if any.

REOUIRED 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.

YE ZHANG

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 5.00 Certificate of Status (Optional)