

12/16/24, 11:05 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

624000521935 *FL 17-24*

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STATE
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FLORIDA LIMITED LIABILITY CO.
CK TRANSPORTATION USA LLC

Certificate of Status	1
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2024 DEC 16 PM 4:43
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TALLAHASSEE, FL

Electronic Filing Menu

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Help

H24000412487-3

FL 1/1

H24000412487-3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CK TRANSPORTATION USA 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:

KARINA VELASQUEZ CASSANS

Name of Person

Firm/Company

4812 CORAL CASTLE DR

Address

KISSIMMEE FL 34746

City/State and Zip Code

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

For further information concerning this matter, please call:

KARINA VELASQUEZ CASSA 407 9628573
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

H24000412487-3

H124000412487-3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CK TRANSPORTATION USA 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:4812 CORAL CASTLE DR
KISSIMMEE FL 347464812 CORAL CASTLE DR
KISSIMMEE FL 34746

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:

KARINA VELASQUEZ CASSANS

Name

4812 CORAL CASTLE DRFlorida street address (P.O. Box **NOT** acceptable)KISSIMMEEFLORIDA34746

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.

Karina Velasquez

Registered Agent's Signature (REQUIRED)

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2024 DEC 16 PM 4:43

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7124000412487-3

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 _____

KARINA VELASQUEZ CASSANS

4812 CORAL CASTLE DR

KISSIMMEE FL 34746

MGR _____

CESAR E BALBIN VALLES

4812 CORAL CASTLE DR

KISSIMMEE FL 34746

(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:

Karina Velasquez

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.

KARINA VELASQUEZ CASSANS

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)

7124000412487-3

2024 DEC 16 PM 4:43

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