1/250000355

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

Office Use Only



700439190117

11/06/24--01014--016 **130.00

2025 JEH - 7 PH 1: 17

T. LEMIEUX

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: C+K Real Estate Properties, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Christopher Livs W Name of Person
C+K Rea Estate Properties, LLC Firm/Company
104 Spoonbill Dr Address
Palm (oast FL 32164) City/State and Zip Code
E-mail address: (to be used for finure innual report notification)
For further information concerning this matter, please call:
Christoff Lish at (916), 215-9272 Name of Contact Person at (916) Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy





December 11, 2024

CHRISTOPHER KIRSHY 104 SPOONBILL DR PALM COAST, FL 32164

SUBJECT: C+K REAL ESTATE PROPERTIES, LLC

Ref. Number: W24000162807

We have received your document for C+K REAL ESTATE PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Letter Number: 424A00026898

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ED LIABILITY
1. CHERRY Estate From the LLC." (Name of Foreign Limited Liability Company; "L.E.C.," or "LLC.")	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," of	t "LEC,")
2. State of Idaho (Jurisdiction under the law of which foreign limited liability company is organized) 3. 88-3437431 (Fill number, if applicable)	_
(Date first transacted business in Florida, if prior to registration.) (Surprise (45 0004 Feb) 0005 E.S. to Intermine security (150 0004 Feb)	
(See sections 605,0904 & 605 0905, F.S. to determine penalty liability)	
5. 104 Spanbill Dr (Street Address of Principal Office) 6. 104 Spanbill Dr (Mailing Address)	_
Palm (ogst, FL 32164 Palm (ogst, FL 3216	H
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Christopher Kirsh	
Office Address: 104 Spoon Dill Dr	···
tam Coast Florida 30164 (Zap code)	
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at a	the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	rther agree
[//m] [/]	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name: MISTANA KISN	□Manager	Name:	
Member	Address: WS fambill D	□Member	Address:	
□Authorized	49 m Lanst, +132/164	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: Kimberely Kirshy	□Manager	Name:	
M ember	Address: W Sonbil D	□Member	Address:	
□Authorized ~	141m Coast, FL32164	□Authorized		***************************************
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 mird degree felony as provided for in s.817.155, F.S.

Signature of an authorized persory

Exped or printed name of signee



STATE OF IDAHO

Issuance Date: 01/05/2025

Copies Requested:

Phil McGrane | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

January 5, 2025

Request Type: Certificate of Existence/Filing

Request #:

0006048932

Receipt #:

001083554

Regarding:

C&K Real Estate Properties LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 07/21/2022

Status: Duration Term:

Perpetual

Active-Existing

File #:

4828291

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

C&K Real Estate Properties LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane

Idaho Secretary of State

Verification #: 032155218 Processed By: Business Division

Phone: 208-334-2301 * Email: business@sos.idaho.gov * Website: sosbiz.idaho.gov