

**P210000035898**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (917) 243-5843

**\*\*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 PROFIT/NON PROFIT CORPORATION  
C.K. MANAGEMENT CO. INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

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Corporate Filing Menu

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: C.K MANAGEMENT CO., INC.

**ARTICLE II PRINCIPAL OFFICE**Principal street address525 3rd StreetPort St. Joe, Fl. 32456

Mailing address, if different is:

525 3rd StreetPort St. Joe, Fl. 32456**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher G. Karagiannis-Director Name and Title: \_\_\_\_\_

Address 525 3rd Street Address: \_\_\_\_\_

Port St. Joe, Fl. 32456 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

2021 APR 21 AM 10:06  
STATE  
ILLINOIS

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Christopher G. Karagiannis

Address: 525 3rd Street

Port St. Joe, FL 32456

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Christopher G. Karagiannis

Address: 525 3rd Street

Port St. Joe, FL 32456

2021 APR 21 AM 10:06  
DATE  
VALUATION, FL

**ARTICLE VIII EFFECTIVE DATE:**

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 or 90 business days after the 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.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*




Required Signature/Registered Agent

4-14-21

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*



Required Signature/Incorporator

4-14-21

Date