

LD5000016460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

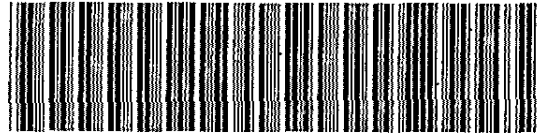
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

LD
3-17-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SK2 Designs 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:

ARNOLD S. GOLDIN, PRESIDENT
ARNOLD S. GOLDIN & ASSOCIATES INC.
5030 CHAMPION BOULEVARD, #G6231
BOCA RATON, FLORIDA 33496

For further information concerning this matter, please call:

ARNOLD S. GOLDIN at (561) 994-5810

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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REGISTRATION SECTION
TALLAHASSEE, FLORIDA

ARTICLES OR ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
SK2 Designs LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5223 S Crescent Drive
Tampa, FL 33611

Mailing Address:

5223 S Crescent Drive
Tampa, FL 33611

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Arnold S. Goldin

Name

5030 Champion Blvd. #G6231

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33496

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes..

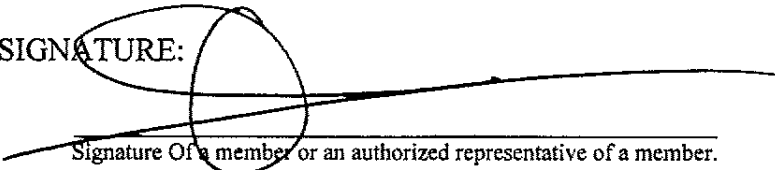
Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
“MGR” = Manager	
“MGRM” = Managing Member	
<u>MGRM</u>	<u>Jan W. Kernan</u>
	<u>5223 S Crescent Dr.</u>
	<u>Tampa, FL 33611</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE: 

Signature Of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arnold S. Goldin
Typed or printed name of signee

- Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA