Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108

Fax Number : (305)

: (305)381-8109

\*\*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 LIMITED LIABILITY CO.

# Skylake Lenders LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

S. HAWKES

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name:

The name of the Limited Liability Company is: Skylake Lenders, LLC

#### **ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability. Company is: 3055 Burris Road, Davie, Florida 33314.

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

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

Geoffrey M. Wayne, Esq. 2929 SW Third Avenue, Suite 330 Miami, Florida 33129-2710

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, F.S.

Registered Agent's Signature

# ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Evan R. Marbin

Manager

(Apradditional article must be added if an effective date is requested)

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.)

Geoffrey M. Wayne

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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