

L22-00000105-77

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220000064883ABC/

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20280000059
Phone : (954)727-9771
Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dion@lamadridfinancial.com

FLORIDA LIMITED LIABILITY CO.
SK GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

<H220000064883>

850-817-8381

1/6/2022 10:47:54 AM PAGE 1/001 Fax Server



January 6, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAMADRID FINANCIAL

SUBJECT: SK GROUP LLC
REF: W22000001356

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: E22000006488
Letter Number: 722A00000373

The Fax to 18506176381 status is: delivered at 4:58:59 PM EST on 01/05/22, 4 page[s] were transmitted in your fax.

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((1422000006483 3)))



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To: Division of Corporations
For Number: (850)637-6483

From: Account Name: LAWRENCE J. JAMESON, SERVICES CORP
Account Number: 228290999921P
Phone: (954)727-9773
Fax Number: (954)727-9773

Enter the email address for this business entity to be used for future (email) report mailings. Enter only one email address please.

Email Address: ljjameson@jamesoncorp.com

FLORIDA LIMITED LIABILITY CO.
SK GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Electronic Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu Help

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2022 JAN 10 AM 16:11

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SK GROUP I 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:

CESAR BATISTA

Name of Person

SK GROUP I LLC

Firm/Company

6182 WEST SAMPLE ROAD

Address

CORAL SPRINGS, FL 33067

City/State and Zip Code

admin@indakarllc.com

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

For further information concerning this matter, please call:

CESAR BATISTA 407 967-2231
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2022 JAN 10 AM 12:11

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SK GROUP I 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:6182 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067Mailing Address:6182 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

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:

LAMADRID FINANCIAL SERVICES CORP

Name

1265 S PINE ISLAND RDFlorida street address (P.O. Box **NOT** acceptable)PLANTATION

City

FL

State

33324

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

INDAKAR LLC
6182 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

AMBR

CESAR BATISTA
6182 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

AMBR

KARINA CABALLERO
6182 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33067

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/05/2022. (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:

Cesar Batista

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.

CESAR BATISTA

Typed or printed name of signer

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)

2022 Jan 16 AM 10:11
 110