Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (85<del>0</del>)617-6381

From:

: LAMADRID FINANCIAL SERVICES CORP Account Name

Account Number : I2828888889999 : (954)727-9771 Phone : (954)727-9773 Fax Number

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

Email Address: 010000

# FLORIDA LIMITED LIABILITY CO.

# SK GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130-00

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Corporate Filing Menu

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LH220000064883>

<sup>1</sup>850-817-6381

1/6/2023 10:47:54 AM PAGE 1/001 Fax Server



January 6, 2022

# FLORIDA DEPARTMENT OF STATE Division of Compositions

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 refax 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 600 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III FAX Aud. #: 822000006488 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 Montronia Filling Cover Sheet

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Division of Corporations for Number : (850)637-6582

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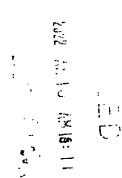
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# PLORIDA LIMITED LIABILITY CO.

SIK GROUP LLC

Electronic Filing Menu Corporate Filing Menu Help

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### **COVER LETTER**

	ew Filing Sectivision of Con				
SUBJECT	SK GROU	PILLC			
SUBJECT	•	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclos	ed Articles of	Organization and fee(s) are	e submitted for filing,		
Please retu	ım all correspo	ondence concerning this ma	itter to the following:		
	CESAR BA	TISTA			
			Name of Person		
	SK GROUP	TLIC			
			Firm/Company		
	6182 WEST	SAMPLE ROAD	_		
			Address	<del>-</del>	
	CORAL SPE	RINGS, FL 33067			
	admin@indak		ity/State and Zip Code		
•			for future annual report potificat	ion)	2022
For further i	nformation co	ncerning this matter, please	call:	Þ	
	CESAR BAT	ISTA 40	7 967-2231	; ;	
	Nam		rea Code Daytime Telephon	e Number	
Enclosed is	s a check for th	he following amount:		, . V =	
□\$125.00	Filing Fee	■\$130.00 Filing Fee & Certificate of Status	O\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	_
	Maitin	e Address	Street Address		

Malling Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>SK G</u>	ROUP I LLC (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CICLE II - A	Address:	
mailing addi	ress and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
6182	WEST SAMPLE ROAD	6182 WEST SAMPLE ROAD
COR	AL SPRINGS, FL 33067	CORAL SPRINGS, FL 33067

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

LAMADRID FINAN	CLAL SERVICES	CORP
	Name	
1265 S PINE ISLAN	D RD	
Florida street address	(P.O. Box NOT a	cceptable)
PLANTATION	FL	33324
City	State	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)

22 J. TIO AHIB:

Dite: 'AMBR' = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	INDAKAR LLC
AWDIC	6182 WEST SAMPLE ROAD
	CORAL SPRINGS, FL 33067
AMBR	CESAR BATISTA
	6182 WEST SAMPLE ROAD CORAL SPRINGS. FL 33067
	CORAL SERINGS. FL 33007
AMBR	KARINA CABALLERO
	6182 WEST SAMPLE ROAD
	CORAL SPRINGS, FL 33067
<del></del>	
V: Effective date, if other than the detre date is listed, the date must be	ate of filing: 01/05/2022 (OPTIONAL) specific and cannot be more than five business days prior to or 90
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