

L23000389934

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 : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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

Email Address: _____

2023 AUG 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FL
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RECEIVED
2023 AUG 18 10:51 AM
S. JIN

FLORIDA LIMITED LIABILITY CO. S&K Union LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S&K UNION LLC

(Must end with 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:~~ 2145 NE 164th street apt 508 North Miami Beach Fl 33162 ~~Mailing Address:~~ 2145 NE 164th street apt 508 North Miami Beach Fl 33162

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

AGENTS AND CORPORATIONS, INC.
Name
539 FIFTH AVENUE SOUTH SUITE 330
Florida street address (P.O. Box NOT acceptable)
NAPLES FL 34102
City Zip

SECRETARY OF STATE
TALLAHASSEE, FL
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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.

Agents and Corporations, Inc.

By: John L. Williams
Registered Agent's Signature (Required)
John L. Williams, President

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

AMBR = Egor Samoshkin 2145 NE 164th apt 832 North Miami Beach 33162 FL

AMBR = Ilgiz Khabibullin 2145 NE 164th apt 508 North Miami Beach 33162 FL

"MGR" = Manager

MGR = Egor Samoshkin 2145 NE 164th apt 832 North Miami Beach 33162 FL

MGR = Ilgiz Khabibullin 2145 NE 164th apt 508 North Miami Beach 33162 FL

(Use attachment if necessary)

ARTICLE V: 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 to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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SECRETARY OF STATE
TALLAHASSEE, FL

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Ilgiz Khabibullin _____
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)