

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

192

03 FEB -4 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

DOCUMENT # L01000016565

1. Limited Liability Company's Name

SACSKI, LLC

900011784759
02/04/03--01061--014 **200.00

2. Principal Office Address

902 Cornelius Ave

Suite, Apt. #, etc.

3. Mailing Office Address

902 Cornelius Ave

Suite, Apt. #, etc.

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/24/01

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33603

Country

USA

Zip

33603

Country

USA

6. FEI Number

See attached application

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Sheryl S. Hunter, Hunter & Thomas, PA

Street Address (P.O. Box Number is Not Acceptable)

4807A Bayshore Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33611

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Sheryl Hunter

Date

1/19/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard Sacco	921 Cornelius Ave	Tampa, FL 33603
MGRM	Mike	902 Cornelius Ave	Tampa, FL 33603

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Richard Sacco

Date

1/23/03

Daytime Phone# 813-299-4893

Typed or printed name of signing Managing Member/Manager

Richard Sacco

CR2E041 (10/02)

20/2


Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers and others, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)
Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions.) Sacki LLC		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 902 CORNELIUS AVENUE		5b City, state, and ZIP code	
4b City, state, and ZIP code TAMPA, FL 33603			
6 County and state where principal business is located HILLSBOROUGH			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) MICHAEL J. KULIKOWSKI 266-73-9598			
8a Type of entity (Check only one box.) (See instructions)			
Caution: If applicant is a limited liability company, see instructions for line 8a.			
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> National Guard	<input type="checkbox"/> Plan administrator (SSN)	
<input type="checkbox"/> REMIC	<input type="checkbox"/> Farmers' cooperative	<input checked="" type="checkbox"/> Other corporation (specify) LLC ELECTING	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify)		(enter GEN if applicable)	
<input type="checkbox"/> Other (specify)	LLC ELECTING TO BE TAXED AS A CORPORATION		
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA	Foreign country
9 Reason for applying (Check only one box.) (see instructions)		<input type="checkbox"/> Benign purpose (specify)	
<input checked="" type="checkbox"/> Started new business (specify type)		<input type="checkbox"/> Changed type of organization (specify new type)	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type)		<input type="checkbox"/> Created a trust (specify type)	
10 Date business started or acquired (mo., day, year) (see instructions.) 8/24/2001		11 Closing month of accounting year (see instructions) DECEMBER	
12 First date wages or annuities were paid or will be paid (mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (mo., day, year) 12/31/2002			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-.		Nonagricultural 0	Agricultural 0
14 Principal activity (see instructions.) REAL ESTATE		Household 0	
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check one box.		<input type="checkbox"/> Business (wholesale)	
<input checked="" type="checkbox"/> Public (retail)		<input type="checkbox"/> N/A	
17a Has the applicant ever applied for an employer ID number for this or any other business? Note: If "Yes" please complete lines 17b and 17c.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than from line 1 or 2 above.			
Legal name		Trade name	
17c Approximate date when and city and state where the application was filed. Enter previous employer ID number if known.		Previous EIN	
Approximate date when filed (mo., day, year) F		City and state where filed	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
MICHAEL J KULIKOWSKI / MANABAR		Business telephone number (include area code) 813 237-2222	
Name and title (Please type or print clearly)		Fax telephone number (include area code) 813 237-2222	
Signature 		Date 12/14/01	
Note: Do not write below this line. For official use only.			
Please leave blank	Geo.	Ind.	Class
			Size
Reason for applying			